

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90180 019 ***150.00

DOCUMENT # P02000049891

1. Entity Name
PRECISION STONE, INC.



Principal Place of Business
PO BOX 10253
POMPANO BEACH FL 33061

Mailing Address
PO BOX 10253
POMPANO BEACH FL 33061



2. Principal Place of Business
1544 Market Cir.
Suite, Apt. #, etc.
701
City & State
Port Charlotte, FL
Zip
33953 Country
Charlotte

3. Mailing Address
1544 Market Cir.
Suite, Apt. #, etc.
701
City & State
Port Charlotte, FL
Zip
33953 Country
Charlotte

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0687622

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KEATING, JOHN
840 SE 2ND AVENUE
POMPANO BEACH FL 33061

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D and P	<input type="checkbox"/> Delete
NAME	KEATING, JOHN	
STREET ADDRESS	PO BOX 10253	
CITY-ST-ZIP	POMPANO BEACH FL 33061	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEATING, JOSEPHINE	
STREET ADDRESS	PO BOX 10253	
CITY-ST-ZIP	POMPANO BEACH FL 33061	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Keating	
STREET ADDRESS	1544 Market Circle - 7A	
CITY-ST-ZIP	Port Charlotte, FL	
TITLE	D, VP, San T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph McAteer	
STREET ADDRESS	1544 Market Circle - 7A	
CITY-ST-ZIP	Port Charlotte, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone: # _____