

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07084

1. Entity Name

PRECISION RESISTOR COMPANY

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90014 011 \*\*\*150.00

Principal Place of Business

10601 75TH STREET N.  
LARGO FL 34647

Mailing Address

10601 75TH STREET N.  
LARGO FL 33777-1421

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-1207860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, ROBERT L.  
10601 75TH STREET, NORTH  
LARGO FL 34647

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD DUSENBERRY, F. A.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8418 ANNWOOD ROAD LARGO FL	
TITLE NAME	VD DUSENBERRY, F. A. III	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9442 LAURA ANNE DR. SEMINOLE FL	
TITLE NAME	STD WRIGHT, R. L.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8645 PIPER LANE LARGO FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	D DUSENBERRY, F.A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8418 ANNWOOD ROAD LARGO, FL 33777	
TITLE NAME	PD DUSENBERRY, F.A. 111	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	9442 LAURA ANNE DRIVE SEMINOLE, FL 33776	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	VD REID, J.A. JR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2240 WILSHIRE DRIVE PALM HARBOR, FL 34683	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/2000 - 727 541 5771

Daytime Phone #

CR2E034 (9/99)