

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20617

1. Entity Name

PRECISION SYSTEMS, INC.

Principal Place of Business

11800 30TH CT. NORTH
P O BOX 9090
ST. PETERSBURG FL 33716

Mailing Address

11800 30TH CT. NORTH
ST. PETERSBURG FL 33716-1846
US

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 41-1425909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLINEBELL, KENNETH M.
11800 30TH COURT N.
ST PETERSBURG FL 33716

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	TS	<input type="checkbox"/> Delete
NAME	CLINEBELL, KENNETH M	
STREET ADDRESS	11800 30TH CT N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALCALDE, HECTOR	
STREET ADDRESS	11800 30TH COURT N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANTANGELO, FRAN	
STREET ADDRESS	11800 30TH COURT N	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	ATAS	<input checked="" type="checkbox"/> Delete
NAME	LUKE, KAREN H	
STREET ADDRESS	11800 30TH CT N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DALZIEL, IAN	
STREET ADDRESS	11800 30TH COURT N	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Delete
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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90027 025 ***150.00

DU024170



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

1-27-00