

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90007 026 ***150.00

DOCUMENT # P93000027003

1. Entity Name

TETRA PRECISION, INC.

Principal Place of Business

Mailing Address

**4605 NW 6TH STREET
A
GAINESVILLE FL 32609
US**

**P. O. BOX 12812
GAINESVILLE FL 32604
US**

2. Principal Place of Business

3. Mailing Address

3135 39th Av. N.

P.O. BOX 20067

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 7

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip **33714** Country **USA**

Zip **33742** Country **USA**

4. FEI Number

65-0406427

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

**JOHN ZIEGERT
4605 NW 6TH STREET, SUITE A
GAINESVILLE FL 32609**

Name

~~John Mize~~ John Ziegert

Street Address (P.O. Box Number is Not Acceptable)

3135 39TH AVENUE NORTH

SUITE 7

City

ST. PETERSBURG

FL

Zip Code

33714

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

**Christopher D. Mize
Vice President**

4-24-01

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, 2001 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 ☐ Delete
NAME **PT**
STREET ADDRESS **ZIEGERT, JOHN**
CITY-ST-ZIP **2408 SW 8TH DR
GAINESVILLE FL 32601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VS**
STREET ADDRESS **MIZE, CHRISTOPHER**
CITY-ST-ZIP **1110 NW 16TH AVENUE
GAINESVILLE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11850 9TH ST N. # 8104**
CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Christopher D. Mize

4-24-01

727-525-7710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)