

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036159

1. Entity Name  
**REX-PRECISION, INC.**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90188 026 \*\*\*150.00

Principal Place of Business Mailing Address  
~~4659 ORANGE DR-~~ ~~4659 ORANGE DR~~  
~~DAVIE FL 33314~~ ~~DAVIE FL 33314~~  
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**2600 Sportplex Dr** **9987 NW 7th Street**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Coral Springs FL** **Plantation FL**  
 Zip Country Zip Country  
**33065** **Broward** **33324-4908** **Broward**

4. FEI Number **65-0413403** 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

**NOBLE, REX E SR.**  
**4659 ORANGE DRIVE** **9987 NW 7th Street +**  
**DAVIE FL 33314** **Plantation FL**  
**33324-4908**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	PT NOBLE, REX E SR. <del>4659 ORANGE DR</del> <del>DAVIE FL</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV NOBLE, WILMA J <del>4659 ORANGE DR</del> <del>DAVIE FL</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>9987 NW 7th Street +</b> <b>Plantation FL 33324-4908</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>9987 NW 7th Street</b> <b>Plantation FL 33324-4908</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Rex E Noble** **Rex E. Noble** **2/6/01** **954-540-0540**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)