

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90828 021 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000036159 1. Entity Name REX-PRECISION, INC.														
Principal Place of Business 2600 SPORTPLEX DR CORAL SPRINGS, FL 33065 US		Mailing Address 9987 NW 7TH ST PLANTATION, FL 33324-4908 US												
2. Principal Place of Business 3300 MAPP Rd Suite, Apt. #, etc. UNIT 6		3. Mailing Address 2760 SW Willowood Cir Suite, Apt. #, etc.												
City & State PALM CITY, FL		City & State PALM CITY, FL												
Zip 34990		Zip 34990												
Country MARTIN		Country FL												
4. FEI Number 85-0413403		Applied For ☐ Not Applicable												
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES												
6. Name and Address of Current Registered Agent NOBLE, REX E SR. 9987 NW 7TH ST PLANTATION, FL 33324-4908		7. Name and Address of New Registered Agent 2760 SW Willowood Cir PALM CITY, FL 34990												
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 _____ DATE _____ Signature typed or printed name of registered agent and UBR filer (State). (NOTE: Registered Agent Signature required when appointing)														
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS												
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		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 807, 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: Rex E Noble REX E NOBLE 4-28-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE PT NAME NOBLE, REX E SR. STREET ADDRESS 9987 NW 7TH ST CITY-ST-ZIP PLANTATION, FL 33324-4908 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE SV NAME NOBLE, WILMA J STREET ADDRESS 9987 NW 7TH ST CITY-ST-ZIP PLANTATION, FL 33324-4908 </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>	TITLE PT NAME NOBLE, REX E SR. STREET ADDRESS 9987 NW 7TH ST CITY-ST-ZIP PLANTATION, FL 33324-4908	☐ Delete	TITLE SV NAME NOBLE, WILMA J STREET ADDRESS 9987 NW 7TH ST CITY-ST-ZIP PLANTATION, FL 33324-4908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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