2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Jan 10, 2003 8:00 am Secretary of State			
DOCUMENT # P9400026140						Secret	ary o	of Sta	ate
1. Entity Na			J00201 10	•			3 90076 01		
PRECISIO	ON AIR SY	YSTEMS, INC.							
						′			
Principal Place of Business 11101 S CROWN WAY SUITE 5 WELLINGTON FL 33414 US			Mailing Address 11101 S CROWN WAY SUITE 5 WELLINGTON FL 33414 US						
2. Principal Place of Business			3. Mailing Address				AINI BANI ABIIA NI	JEO DOLDI 15061 61	JOH BRICHER
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 65-0480483	}	_ 	plied For t Applicable
Zip Country		Zip Cour		try	5. Certificate of Status Desired		8.75 Addi ee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New F	Registered Ac	jent	~
Name Name									
KOTALIK, TERRY 13138 DOUBLETREE CIRCLE					Street Address	s (P.O. Box Number is Not Acceptable	e)		
	TON FL 334								
WEELING	7011 I E 30 1	17							
					City		FL	Zip Code	ļ
8. The above the obliga \$\foating\$ SIGNATURE	itions of registi	submits this statement for ered agent.	or the purpose of chan	ging its registere	ed office or regist	ered agent, or both, in the State of Fk	orida. I am far	miliar with, a	ind accept
· · · · · · · · · · · · · · · · · · ·	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registere	1 Agent signature requir	red when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Fir Trust Fund Contributio			May Be to Fees
10.	<u> </u>	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTORS	IN 11
TITLE NAME	D Kotalik, 1	FDDV	☐ Delei	te Title Nami	ı		ĺ	Change	☐ Addition
STREET ADDRESS	13138 DOL	BLETREE CIRCLE			T ADDRESS	•			
CITY-ST-ZIP	WELLINGTO	ON FL 33414		CITY	ST-ZIP				
TITLE	D	_	☐ Delei	te TITLE				Change	Addition
NAME STREET ADDRESS	KOTALIK, S			NAME					
CITY-ST-ZIP		JBLETREE CIRCLE ON FL 33414			T ADDRESS ST-ZIP				
TITLE		JITTE GOT IT	☐ Delet				г	Change	Addition
NAME				NAME	_		·		
STREET ADDRESS					T ADDRESS				}
CITY-ST-ZIP			~- <u> </u>		ST-ZIP				
TITLE NAME			☐ Delet	e TITLE			Ε	Change	Addition
STREET ADDRESS					T ADDRESS				

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with as address, with all other the empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition