## 2003 FOR PROFIT CORPORATION

## FILED May 15, 2003 8:00 am

ÜN	IFORM	BUSINE	SS REP	ORT	(UBR	)	Secretary of	State		
DOCUMENT # P9400055961  1. Entity Name PRECISION DATA TECHNOLOGIES, INC.							05-15-2003 90113 018 *			
PRECISIO	ON DATA TEC	HNOLOGIES, I	INC.	1						
	ce of Business		Mailing Address				0010000			
112 WEST AL	DAMS STREET		112 WEST ADAM SUITE 1107	IS STREET			,			
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202						ľ	f MARIENEN HA TORIN MENN NORM NORM NEUR MANN NEUR MANN NEUR MANN	19110 29501 1191 4861		
US US										
Principal Place of Business     3. Mailing Address							u saatigasi ista tautu birati baliti bakti daliti galat galat birib birib	LOUIS BUILT FIRE SECU		
4446 Hendricks Ave 4446 Hendri					KS A	ve_				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			1	CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number Applied For			
	SONVILLE	FL	Jackson	VILLE	FL		59-3257246	Not Applicable		
3220	Coul	ntry	Zip 3 <b>3</b> 30つ		UVal		5. Certificate of Status Desired   \$8.75 Fee Rec	Additional juired		
		dress of Current R					7. Name and Address of New Registered Agent		j	
					Name					
MARK A. REINSCH, ESQ.					Street Address (P.O. Box Number is Not Acceptable)				İ	
200 W. FORSYTH STREET, SUITE 1400							<del></del>			
JACKSON	WILLE FL 32202									
					City		Zip Code			
8. The above	named entity submi	ts this statement for	the purpose of char	naina its reaist	ered office or	registere	d agent, or both, in the State of Florida. I am familiar v	vilh, and accept	1	
	tions of registered ag		,		,			,		
SIGNATURE Haven awayses						-	U-31-03			
S GAT TO THE	Signature, typed or printed	ame of registered agent an	d title if epplicable.	(NOTE: Regist	ered Agent signatu	w beviupes as	then reinstating) DATE		ŀ	
	ILE NOW!!! FEE		1				9. Election Campaign Financing \$	5.00 May Be		
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Fiorida Department of State							Trust Fund Contribution.	ided to Fees	l	
10. COFFICERS AND DIRECTORS					1.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			İ	
TITLE	PD		☐ Dele	ate TI	TLE		☐ Chan		ଷ୍ଟ	
NAME 🐫	FISCHER, KURT			N	AME			}	<u>5</u>	
STREET ADDRESS					TREET ADDRESS			İ	3	
CITY-ST-ZIP	JACKSONVILLE (	·L 32225			TY-51-ZIP				CR2E034 (10/02)	
TITLE NAME	TD Delete			_	TLE		· Change Addition S			
NAME GROUP, ROBERT R STREET ADDRESS 12362 BENTON HARBOR DRIVE					TREET ADDRESS			!		
CITY-ST-ZIP JACKSONVILLE FL 32225					TY-SI-ZIP			ì		
TITLE	VSD		☐ Dele	te Ti	TLE		· Chan	ge Addition		
NAME	WALKER, KAREN	.A		N/	ME		<b></b>		,	
STREET ADDRESS	1244 MIRAMAR	71			REET ADDRESS		re di	[		
CITY-ST-ZIP	JACKSONVILLE F	L 32207	<del></del>		TY-ST-ZIP					
TITLE NAME			☐ Dele		TLE		Chang	ge 🗋 Addition		
STREET ADDRESS					ME REET 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 ceth; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

IIILE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

SIGNATURE REQUIRED

☐ Delete

Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Change

Change

Addition

Addition