2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9500057451 1. Entity Name PRECISION SALES ASSOCIATES, INC.					FILED		
					02 0CT 21 AM 9: 37		
Principal Place of Business Mailing Address 110 DESOTO PKWY PO BOX 1994 UNIT 10 MELBOURNE FL 32901					SECRETARY OF TALLAHASSEE, FL	STATE LORIDA	
SATELLITE BE	ACH FL 32937						
2. Principal Place of Business 199 NW 15318 Av. Suite, Apt. #, etc. 3. Mailing Address 199 NW Suite, Apt. #, etc.			531d AU			THIS SPACE 02	
City & State	1	City & State	ity & State		59-3313423		olied For Applicable
Zip 	Country Brown	Zip 	Country Broward		Certificate of Status Desired	Fee Required	
	6. Name and Address of Current R	egistered Agent	Name	7. 1	lame and Address of New Regist	ered Agent	-
MCNALLY,	, ronald J Jr Ito Pkwy		//	MCNALL idress (P.O. B	Y RENALD J. JR. lox Number is Not Acceptable)		
#10	E BEACH FL 32937	City _	City Penshimber Proces FL Zig Code 30 28				
	named entity submits this statement for		Jej.	nbivie	PINES		a d
the obligati	ions of registered agent. Signature, typed or printed him of registered agent.	D Rowld J.	Pegistered Agent signatu	ITR.	, Resident	10-16-0	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FEE IS \$550.0 2002 Fee will be to Department	e \$750.00 t of State	10. Election Campaign Financin Trust Fund Contribution.	Added Added	May Be to Fees	
11.	OFFICERS AND I		12.		DITIONS/CHANGES TO OFFICER	S AND DIRECTORS Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MCNALLY, RONALD J JR 212 SANIBEL WAY MELBOURNE BEACH FL 32951	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MENA 1489 Pemba	LLY, RONALD J. J. NW 153rd Ave oke Pines, FG 33	R.	Adultion
TITLE NAME STREET ADDRESS CITY = ST = ZIP.	DPST MCNALLY RONALD 1489 NW 1537d AVE Pembiok Pides, FL	T TR Delete	TITLE NAME STREET ADDRESS _CITY_ST_ZIP		6000085 10/24/020106600	68 4°35 32 **750.0	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEMBLORE PINES; I'C	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
	certify that the information supplied with I on this report or supplemental report is reporation or the receiver or trustee empo	true and accurate and that my wered to execute this report a					

PROVIDED J. MINALLY JR 10-16-02 954-494 8661

FFICER OR DIRECTOR

Date

Date