2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State
02-12-2003 90066 049 ***150.00

DOCUMENT # P95000063137

1. Entity Name
PRECISION CONTROL TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
2800 S. FINANCIAL COURT SANFORD FL 32773-8118	2800 S. FINANCIAL COURT SANFORD FL 32773-8118

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
15831 Dora Avenue Suite, Apt. #, etc.	2800 S. Financial Ct. Suite, Apt. #, etc.
City & State: Tavares, FL	City & State: Sanford, FL
Zip: 32778 Country: USA	Zip: 32773 Country: USA

4. FEI Number 59-3332536 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATRICK, ANTHONY
2800 S. FINANCIAL COURT
SANFORD FL 32773-8118

7. Name and Address of New Registered Agent

Name: Patrick Anthony
Street Address (P.O. Box Number is Not Acceptable): 15831 Dora Avenue
City: Tavares FL Zip Code: 32778

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: 1/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO MCDONALD, EUGENE P 154 POINEER DR LEOMINSTER MA 01453	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO James H. Peden 600 Republic Centre, 633 Chestnut Street Chattanooga, TN 37450 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C REYNOLDS, JACQUELINE K 414 RIVER DR DEBARY FL 32713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS WALKOVICH, CHARLES P 154 POINEER DR LEOMINSTER MA 01453	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANTHONY, PATRICK M 3001 LAKESHORE DR MOUNT DORA FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Patrick M. Anthony 3001 Lakeshore Drive Mount Dora, FL 32757 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS LEAVER, WILLIAM J 154 POINEER DR LEOMINSTER MA 01453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary William J. Leaver 800 South Street Waltham, MA 02453 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT KAROL, WILLIAM S 154 PIONEER DR LEOMINSTER MA 01453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer William S. Karol 800 South Street Waltham, MA 02453 ☒ Change ☐ Addition

CR2E034 (10/02)

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 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.

SIGNATURE: SIGNATURE REQUIRED 1/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #