

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91277 041 ***150.00

DOCUMENT # P96000014346

1. Entity Name
PRECISE IMAGE, INC.

Principal Place of Business

**4063 8TH AVENUE SOUTH
 ST PETERSBURG FL 33711
 US**

Mailing Address

**4063 8TH AVENUE SOUTH
 ST PETERSBURG FL 33711
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3357706**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OWENS, ROBIN L
 4063 8TH AVENUE SOUTH
 ST PETERSBURG FL 33711**

Name **Patch, Marilyn M.**

Street Address (P.O. Box Number is Not Acceptable)

4063 - 8th Avenue South

City **St. Petersburg** **FL** Zip Code **33711**

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.

SIGNATURE

Marilyn Patch
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Delete
 NAME **OWENS, ROBIN L**
 STREET ADDRESS **4063 8TH AVENUE SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVS** ☐ Delete
 NAME **PATCH, MARILYN M**
 STREET ADDRESS **4063 8TH AVENUE SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE ☒ Change ☐ Addition
 NAME **DP Patch, Marilyn M.**
 STREET ADDRESS **4063 - 8th Avenue South**
 CITY-ST-ZIP **St. Petersburg, FL 33711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DV Patch, Gary**
 STREET ADDRESS **4063 - 8th Avenue South**
 CITY-ST-ZIP **St. Petersburg, FL 33711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DST Phillips, Gary**
 STREET ADDRESS **4063 - 8th Avenue South**
 CITY-ST-ZIP **St. Petersburg, FL 33711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marilyn Patch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-02 727-327-2757

CR2E034 (9/01)