2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000069786 1. Entity Name FLORIDA PRECISION METALS, INC. Principal Place of Business 1408 S.W. 8TH ST. POMPANO BEACH FL 33069 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Country

6. Name and Address of Current Registered Agent

FILED Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90116 033 ***150.00



WILLOW OPPORT					and the second		
1408	SON, GREGORY S.W. 8TH ST.	Street Address (P.O. Box Number is Not Acceptable)					
POM	PANO BEACH FL 33069						
			City			FL, Zip Code	е
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.							
CICALATURE							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Tax filing r	requirement and elects to do so.	After MAY 1, 2001	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees
11.	OFFICERS AND DIF	ECTORS	12.	ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, GREGORY 1408 S.W. 8TH ST. POMPANO BEACH FL 33069	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE	VP	☐ Delete	TITLE		· • • • · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME	FLINT, GERALD E		NAME				_
STREET ADDRESS	1408 SW 8TH ST		STREET ADDRESS				
CITY-ST-ZIP	POMPANO BCH FL		CITY-ST-ZIP				
TITLE	C	50 Delete	TITLE	C		Change	✓ Addition
NAME	MERCADO, LISA A	والمناسبة المناسبة	NAME	ANTTIL	A, VESA V.		- 1
STREET ADDRESS CITY-ST-ZIP	1408 SW 8TH ST		STREET ADDRESS CITY-ST-ZIP		W 8TH ST	,	
	POMPANO BEACH FL 33069	r-1		LOWEND	0 BEACH, FL 33069		- Addition
TITLE NAME		Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip				
1	ertify that the information supplied with this	s filing does not qualify for the		ed in Section 1	19.07(3)(i) Florida Statutes I furthe	r certify that the in	formation

Country

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 trustel 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:

Zip

IREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01 954-942-630

Daytime Phone