

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90002 039 ***150.00

DOCUMENT # P96000069833

1. Entity Name
PRECISION SCOPING, INC.

Principal Place of Business

**10522 KINKAID TERRACE
 LAKE WORTH FL 33467-8617**

Mailing Address

**10522 KINKAID TERRACE
 LAKE WORTH FL 33467-8617**

2. Principal Place of Business

9087 TERNI LANE

Suite, Apt. #, etc.

3. Mailing Address

9087 TERNI LANE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

Zip

33437

Country

PALM BEACH

Zip

33437

Country

PALM BEACH

4. FEI Number

65-0691637

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SHELLING, SUSAN

10522 KINKAID TERRACE

LAKE WORTH FL 33467-8617

7. Name and Address of New Registered Agent

Name **SUSAN SHELLING**

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

9087 TERNI LANE

City

BOYNTON BEACH

FL

Zip Code

33437

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **P** ☐ Delete
 NAME **SHELLING, SUSAN**
 STREET ADDRESS **10522 KINKAID TERRACE 9087 TERNI LANE**
 CITY-ST-ZIP **LAKE WORTH FL 33467-8617 BOYNTON BEACH FL 33437**

TITLE **VP** ☐ Delete **33437**
 NAME **ARTHUR BLAUSTEIN**
 STREET ADDRESS **9087 TERNI LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **SHELLING, SUSAN**
 STREET ADDRESS **9087 TERNI LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **VP** ☐ Change ☒ Addition
 NAME **ARTHUR BLAUSTEIN**
 STREET ADDRESS **9087 TERNI LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition
 NAME
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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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/02 561-734-1311

CR2E034 (9/01)