

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90256 028 \*\*\*150.00

0455919 AV

**DOCUMENT # P96000074502**

1. Entity Name  
**PRECISION REAL PROPERTY, INC.**



Principal Place of Business  
**2950 TECHNOLOGY DRIVE  
ROCHESTER HILLS MI 48309**

Mailing Address  
**4913 W. LAUREL ST  
TAMPA FL 33607**



2. Principal Place of Business

**5260 EAGLE TRAIL DR.**

3. Mailing Address

**5260 EAGLE TRAIL DR.**

Suite, Apt. #, etc.

**SUITE 200**

Suite, Apt. #, etc.

**SUITE 200**

City & State

**TAMPA FL**

City & State

**TAMPA FL**

Zip

**33614**

Country

Zip

**33614**

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3402825**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LETANG, DARREN A  
4913 N LAUREL STREET  
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

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

**5260 EAGLE TRAIL DR.**

**SUITE 200**

City

**TAMPA**

**FL**

Zip Code

**33614**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE ☐ Delete  
NAME **D ANDERSON, ROBERT R**  
STREET ADDRESS **1201 TROWBRIDGE**  
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

TITLE ☐ Delete  
NAME **D ANDERSON, CHRISTINE M**  
STREET ADDRESS **1201 TROWBRIDGE**  
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

TITLE ☐ Delete  
NAME **D LETANG, DARREN**  
STREET ADDRESS **4913 W LAUREL ST**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5260 EAGLE TRAIL DR. #200**  
CITY-ST-ZIP **TAMPA, FL 33614**

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

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

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/03**

**813-286-4767**

CR2E034 (10/02)