## FILED Jul 10, 2002 8:00 am Secretary of State

## 2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P96000088019  1. Entity Name SOUTHERIN PRECISION CALIBRATION, INC.  |                  |   |   |         |  |   | 07-10-                     |   | _                             | 29 ***150            | ).00           |
|--|------------------|---|---|---------|--|---|----------------------------|---|-------------------------------|----------------------|----------------|
| Principal Place of Business Mailing Address 16325 LAKE BRK ARCON AVE PO BOX 340462 TAMPA FL 33616-1145 TAMPA FL 33694-0462 US  2. Principal Place of Business 16525 LAKE BRICADOON CIR.  |                  |   |   |         |  |   |                            |   |                               |                      |                |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |                  |   |   |         |  |   | DO NOT WRITE IN THIS SPACE |   |                               |                      |                |
| City & Sta   | te               |   | City & State  |         |  | 4.  | FEI Number 59-3406695      |   | Applied For<br>Not Applicable |                      |                |
| Zip Country  |                  |   | Zip   | ntry    | 5. Certificate of Status Desired S8.75 Addition Fee Required |   |                            |   |                               |                      |                |
| 6. Name and Address of Current Registered Agent STAFFORD, STEWARD L 14812 NORTH FLORIDA AVENUE TAMPA FL 33613  |                  |   |   |         | Name   | ress (P.O. Box Number is Not Acceptable)  FL Zip Code |                            |   |                               |                      |                |
| SIGNATURE  | Signature, typed | or printed name of registered agent a<br>lible to statisfy its Intangible | gent, or both, in the State of Flori revision)  10. Election Campaign Final | DATE    | \$5.0  | O May Be  |                            |   |                               |                      |                |
| (See crite   | ria on back)     | and elects to do so.  | After May 1, 200<br>Make Check Payab  | le to D |  | tate  | Trust Fund Contribution.   |   |                               | Many Be<br>1 to Fees |                |
| TILE HAME STREET ADDRESS CITY-ST-ZIP   |                  | OFFICERS AND E<br>PRL T<br>DUGLAS ROAD #3<br>R FL 34677                   | DIRECTORS  Delete   |         |  | A   | DDITIONS/CHANGES TO OFFIC  |   | Change                        |                      | CR2E034 (9/01) |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP  |                  |   | ☐ Deic <del>te</del>  |         |  |   |                            |   | Change                        | Addition .           | ₽.             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                  |   | Delete -  |         |  | <b></b>   | *                          | [ | ]-Change -                    | - 🚹 Addition         |                |
| DTLE NAME STREET ADDRESS CITY-SI-JIP   |                  |   | ☐ Delicte   |         |  |   |                            |   | Ctrange                       | Addition             |                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                  |   | □ Detele  |         |  |   | 184                        |   | Change                        | Addition             |                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                  |   | ☐ Delete  |         | i  |   |                            | E | Change                        | Addition             | <b>!</b>       |
| 13. Thereby certify that the information supplied with this filling 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 shell have the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver or burdle embowered to execute this sepont 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 afformation the embowered of the composition of the receiver of the r |                  |   |   |         |  |   |                            |   |                               |                      |                |
| <del></del>  |                  |   |   |         |  | ·   |                            |   |                               |                      | - 1            |

AHachment B0108472



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 4, 2002

SOUTHERN PRECISION CALIBRATION, INC. PO BOX 340462 TAMPA, FL 33694-0462 US

Subject: SOUTHERN PRECISION CALIBRATION, INC.

Reference Number

P96000088019

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

Letter Mailed

ANNUAL REPORTS SECTION

June 13, please

Accept After Date of this Letter

I was out of Town on 3 week Business trip

and didnot pick up my maily until July 5

and didnot P.O. BOX 6327 - Tallahassee, Florida 32314

Thanks

Attachment B0128472

Attachmen &

HP9600068019

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