Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90025 043 \*\*\*158.75

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000026419

UNIVERSAL PRECISION INDUSTRIES, INC.

Principal Place	e of Business	Mailing Address		•		[ 18831981 )14 18111 (18911 88111 88111 88111	SALLS HOLE BING BYNAL	)	
1876 LAKE AVE	SE	1876 LAKE AVE STE							
STE A STE A						DO NOT WRITE IN THIS SPACE			
LARGO FL 33771 LARGO FL 33771					H	3. Date Incorporated or Qualifed	THIS SI AGE		į
US		US							
6 0 : 10		2a. Mailing Address				03/25/1997 4. FEI Number	Τ 1 Δη	plied For	
	ace of Business	<del>                                     </del>					<del></del>	t Applicable	
21 Suite, Apt.	# ata	Suite, Apt. #, etc.				<u>59-3436963</u>	\$8.75		
	#, 6IC.	27			ĺ	5. Certificate of Status Desired (	Fee Re		
City & State		City & State				6. Election Campaign Financing	\$5.00	May Re	
23	•	28				Trust Fund Contribution	Added t	•	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current ye	ar Intangible		
24	[25]	29	30	-	1	Personal Property Tax.	ŬYes	₩No	
	9. Name and Address of Current					10. Name and Address of New Regist	ered Agent		
				81 Name					
SESSA, JOHN A				82 Street	Address	s (P.O. Box Number is Not Acceptable)			
1876	LAKE AVE SE			Julean A	Audios	(1.0. Box Humbor to Hot / Hosepias-1)			Ì
STE	A -			83					,
LARG	GO FL 33771			24 07			85 Zip	Code	ł
				84 City		•	FL   S   Z	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	bove-named	corpora	ition submits this statement for the purpo	se of changing its	registered	}
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was a	uthonze	d by the corpo	oration's	s board of directors. I hereby accept the	appointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered	i Agent signature r	equired W	nen reinstating) DA	TE		á
		and the mappingson.							
1 12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	DRS IN 12	Ø
12.	OFFICERS AND	DIRECTORS	13.	TLE .	PD		RS AND DIRECTO	ORS IN 12 Addition	(11/0
TITLE	PD					Q. too	Change		0/11/0
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SESSA, JOHN A		1.1 TI 1.2 N 1.3 S	AME TREET ADDRESS JTY-ST-ZIP	Pet	er Buutros 6 Lake Aue. SE, STI 190, FL 33771	Change		24 (11/0
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD SESSA, JOHN A 1876 LAKE AVE SE, STE A	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C	AME TREET ADDRESS JTY-ST-ZIP ITLE	Pet 187 Lai	er Boutros 6 Lake Aue. SE. STI 190, FL 33771	☐ Change	Addition	24 (11/0
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

