## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P97000028716 SUNCOAST PRECISION, INC. 04-26-2001 90229 024 \*\*\*150.00 Principal Place of Business Mailing Address 7602 CONGRESS ST 7602 CONGRESS ST SUITE 1 SUITE 1 140446 NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3440769 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **NESHTA, ROBERT** 8530 PRATT DR **NEW PORT RICHEY FL 34654** Zip Code 34653 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete THE ☐ Change ☐ Addition CHITOS, RICHARD NAME NAME STREET ADDRESS 80 BROADWAY STREET ADDRESS CITY - S1 - ZIP CITY-ST-ZIP CRESKILL NJ 07626 TITLE **PCEO** PCEO Delete Change Addition Nesvita, Robert I 7302-C Aursley Arive NAME NESHTA, ROBERT J NAME STREET ADDRESS 7602 CONGRESS ST, SUITE 1 STREET ADDRESS New Port Richey FL CITY-ST-ZIP 34653 **NEW PORT RICHEY FL 34653** CHY-ST-ZIP TITLE ☐ Delete TITLE George Chitos 162-70 Powells Cove Rivd, Apt 9D NAME CHITOS, GEORGE NAME STREET ADDRESS **80 BRAODWAY** STREET ADDRESS CITY-ST-ZIP CRESSKILL NJ 07626 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), Florida Statutes. I further cortify 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.

President 04/00/01