

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000040022**
 1. Entity Name **L.P. Precision Machine, Inc.**

APPROVED
AND
FILED

01 APR 24 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **455 10th Ave South**
 Mailing Address **Safety Harbor FL 34695**

2. Principal Place of Business **Same**
 Suite, Apt. #, etc.

3. Mailing Address **Same**
 Suite, Apt. #, etc.

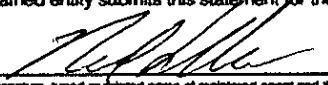
DO NOT WRITE IN THIS SPACE

City & State
 Zip Country **U.S.**

4. FEI Number **59-3442330** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Neil LaRose, Jr.
360 10th Ave So.
Safety Harbor FL 34695

7. Name and Address of New Registered Agent
 Name **Neil LaRose**
 Street Address (P.O. Box Number is Not Acceptable) **360 10th Ave. So.**
 City **Safety Harbor FL** Zip Code **34695**

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  **Neil LaRose** **4-23-01**
 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, 2001 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

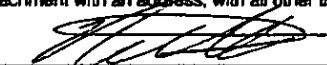
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Allison LaRose ☒ Delete	455 10th Avenue South	Safety Harbor, FL 34695
	D ☐ Delete	360 10th Ave. South	Safety Harbor, FL 34695

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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:  **Neil LaRose** **4-23-01** **727-224-3271**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (11/00)