2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040022

1. Entity Name: LP Precision Machine Inc

Principal Place of Business / Mailing Address: 455 10th Ave South, Safety Harbor FL 34695

FILED
01 APR 27 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended UBR

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: U.S.	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

7. Name and Address of New Registered Agent
Name: Neil LaRose
Street Address (P.O. Box Number is Not Acceptable): 455 10th Ave South
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 Neil LaRose — 4-26-01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Neil LaRose Jr, 360 10th Ave South, Safety Harbor FL 34695 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Neil LaRose, 455 10th Ave South, Safety Harbor FL 34695 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Allison LaRose, 2009 Yale Ave, Dunedin FL 34698 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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 Neil LaRose — 4-26-01 — 727-799-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #