

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047220

1. Entity Name

PRECISION HEAVY DUTY MOBILE ALIGNMENT SERVICE, I

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90104 011 ***150.00

Principal Place of Business

Mailing Address

312 E NINE MILE RD
SUITE 11-418
PENSACOLA FL 32514-1439

312 E NINE MILE RD
SUITE 11-418
PENSACOLA FL 32514-1439

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

312 EAST NINE MILE RD. STE 11

312 E. NINE MILE RD. STE 11

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3453975

Applied For

Not Applicable

Zip

Country

Zip

Country

32514-1439

FLORIDA

32514-1439

FLORIDA

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

HARRISON, MORRIS EUGENE
1096 RIVER ANNEX ROAD
CANTONMENT FL 32533-2259

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	P	<input type="checkbox"/> Delete
NAME	HARRISON, MORRIS EUGENE	
STREET ADDRESS	1096 RIVER ANNEX ROAD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 certify that the information indicated on this report of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morris E. Harrison

Date

1/14/00

850 712 5105

Daytime Phone #

CR2E034 (9/99)