

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**  
 05-29-2001 90013 049 \*\*\*550.00

0373804

**DOCUMENT # P97000049911**

1. Entity Name

**PRECISION ARCHITECTURAL PRODUCTS, INC.**

Principal Place of Business

7233 123RD CIRCLE NORTH  
 LARGO FL 33773

Mailing Address

7233 123RD CIRCLE NORTH  
 LARGO FL 33773

2. Principal Place of Business

**7233 123<sup>RD</sup> Circle N**

3. Mailing Address

**7233 123<sup>RD</sup> Circle N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LARGO FL**

City & State

**LARGO FL**

Zip

**33773**

Country

**USA**

Zip

**33773**

Country

**USA**

4. FEI Number

**59-3451712**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WILLIS, ROBERT H JR.  
 259 THIRD STREET NORTH  
 ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

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.

(NOT: Registered Agent's 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, MICHAEL F</b>	
STREET ADDRESS	<b>7233 123RD CIRCLE NORTH</b>	
CITY - ST - ZIP	<b>LARGO FL 33773</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NORRIE, JOHN B</b>	
STREET ADDRESS	<b>7233 123RD CIRCLE NORTH</b>	
CITY - ST - ZIP	<b>LARGO FL 33773</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

**5-23-01**  
 Date

**591-2244 RM 205**  
 Daytime Phone #

CR2E034 (10/00)