

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107371

1. Entity Name

PRECISION AUTOMOTIVE OF CLEARWATER, INC.

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90308 031 \*\*\*150.00

Principal Place of Business

1945A SUNSET PT. BLVD.  
CLEARWATER FL 33765

Mailing Address

1945A SUNSET PT. BLVD.  
CLEARWATER FL 33765

2. Principal Place of Business

1942 S Pinellas Ave  
Suite, Apt. #, etc.

3. Mailing Address

1942 S Pinellas Ave  
Suite, Apt. #, etc.

City & State

Tarpon Springs FL  
Zip 34689 Country Pinellas

City & State

Tarpon Springs FL  
Zip 34689 Country Pinellas

4. FEI Number 59-3484419

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTNER, ALAN S JR.  
350 GULF BLVD.  
INDIAN ROCKS BEACH FL 33785

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.

(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 P  
NAME CASEY, PAUL JR  
STREET ADDRESS 209 BAUSODE BVD  
CITY-ST-ZIP OLDSMAR FL 34667 ☐ Delete

TITLE VP  
NAME CASEY, MIKE  
STREET ADDRESS 1535 SANDALWOOD DR  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 209 Bayside Blvd.  
CITY-ST-ZIP Oldsmar FL 34677 ☒ Change ☐ Addition

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

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

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul G Casey Jr

3/10/01 (727) 939-0676

Date

Daytime Phone #

CR2E034 (10/00)