

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90078 037 \*\*\*150.00

DOCUMENT # P97000107371

1. Entity Name

PRECISION AUTOMOTIVE OF CLEARWATER, INC.

Principal Place of Business

1942 S PINELLAS AVENUE  
TARPON SPRINGS FL 34689

Mailing Address

1942 S PINELLAS AVENUE  
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

1535 Sandalwood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Dunedin FL

City &amp; State

Dunedin FL 34698

Zip

Country

Zip

Country

34698

Fla.

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, 2002 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 ☐ Delete  
 NAME CASEY, PAUL JR  
 STREET ADDRESS 209 BAYSIDE BLVD  
 CITY-ST-ZIP OLSMAR FL 34667

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

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1535 Sandalwood Dr  
 CITY-ST-ZIP Dunedin FL 34698

 TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1535 Sandalwood Dr  
 CITY-ST-ZIP Dunedin FL 34698

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Change ☐ 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 OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)