

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90047 010 ***150.00

0800417 AT

DOCUMENT # P97000108046

1. Entity Name
PRECISION TECHNICAL SERVICES, INC.

Principal Place of Business
1440 LEMON BAY DRIVE
ENGLEWOOD FL 34223

Mailing Address
PO BOX 2112
ENGLEWOOD FL 34295-2112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1695 A LANTANA DR
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2112
 Suite, Apt. #, etc.

City & State
ENGLEWOOD, FL

City & State
ENGLEWOOD FL

4. FEI Number
65-0805567

Applied For
 Not Applicable

Zip
34224

Country
USA

Zip
34295-2112

Country
USA

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

6. Name and Address of Current Registered Agent

WALLACE, HAROLD L
1440 LEMON BAY DRIVE
ENGLEWOOD FL 34223

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 **P** ☐ Delete
 NAME **WALLACE, HAROLD L**
 STREET ADDRESS **1440 LEMON BAY DRIVE**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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
 CITY-ST-ZIP

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

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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 **941-475-7910**
 Date Daytime Phone #

CR2E034 (9/01)