

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004148

1. Entity Name

PRECISION LIFTS OF DEERFIELD BEACH, INC.

Principal Place of Business

730 SOUTH DEERFIELD AVE.  
#1  
DEERFIELD BEACH FL 33441

Mailing Address

730 SOUTH DEERFIELD AVE.  
#1  
DEERFIELD BEACH FL 33441

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PHONENIX, NORMAND R  
730 SOUTH DEERFIELD AVE.  
#1  
DEERFIELD BEACH FL 33441

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 PD  
NAME PHOENIX, NRMAND R  
STREET ADDRESS 730 SOUTH DEERFIELD AVE. #1  
CITY-ST-ZIP DEERFIELD BEACH FL 33441



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

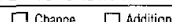


TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

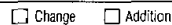
TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90026 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0804077

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

0382845 AV

CR2E034 (9/01)

1/4/02 954-419-9444  
Date Daytime Phone #