2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000023616 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** PRECISION EQUIPMENT FABRICATION & REPAIR, INC. 01-20-2000 90216 027 ***158.75 Principal Place of Business Mailing Address 1128 ROYAL PALM BEACH BLVD. SUITE 265 1128 ROYAL PALM BEACH BLVD. SUITE 265 ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411-1607 AUUUU0024 2. Principal Place of Business 3. Mailing Address 1060 Skees Ro 060 Skees Ro DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State 65-0851070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 11.5 Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICKELSON, MELINDA 1128 ROYAL PALM BEACH BLVD, SUITE 265 **ROYAL PALM BEACH FL 33411** Seacrest Blud 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 inted name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intancible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete Change Addition TITLE HOEBEE, JONI NAME NAME 1128 ROYAL PALM BEACH BLVD, SUITE 265 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP ROYAL PALM BEACH FL 33411 ☐ Delete P,D,T TITLE TITLE MICKELSON, MELINDA NAME NAME 1128 ROYAL PALM BEACH BLVD. #265 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 Addition ☐ Delete TITLE Nunez, Porfirio 5890 Thisledown Court NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jest Palm Beach, FL 33415 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE 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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Melinda Mickelson 1/10/00