2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000057580

Entity Name: PRECISION SPRAYING, INC.

FILED Sep 09, 2002 Secretary of State

Littly Na	IIIe. FRECISI	ON SERATING, INC.				
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
	1 ST., STE. A ACH, FL 3296	6		3487 SOUTH US HWY 1 FT PIERCE, FL 34982		
Current N	lailing Addres	ss:	New Mail	New Mailing Address:		
7150 20TH ST., STE. A VERO BEACH, FL 32966				3487 SOUTH US HWY 1 FT PIERCE, FL 34982		
FEI Number	: 65-0848801	FEI Number Applied For()	FEI Number Not App	plicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and	d Address o	of New Registered Agent:	
7150 20TF	ROBERT J SF I ST., STE. A ACH, FL 3296		3487 SOU	LINDSEY, ROBERT J SR. 3487 SOUTH US HWY 1 FT PIERCE, FL 34982		
	named entity e of Florida.	submits this statement for the	purpose of changing	its registere	d office or registered agent, or both,	
SIGNATUI	RE:			09/09/2002		
	Electron	nic Signature of Registered Ag	jent		Date	
		o satisfy its Intangible Tax filing re g Trust Fund Contribution ().	quirement and elects to	do so (X).		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP (LINDSEY, ROE 6585 12TH ST. VERO BEACH,		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (LINDSEY, LYN 6585 12TH ST VERO BEACH,		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (MCDOWELL, 0 7150 20TH ST VERO BEACH,	SUITE A	Title: Name: Address: City-St-Zip:	DV MCDOWEL 3487 SOUT FT PIERCE	H ['] USHWY1	
Title: Name: Address: City-St-Zip:	DT (ARNOLD, MAR 7150 20TH ST VERO BEACH,		Title: Name: Address: City-St-Zip:	DT ARNOLD, M 3487 SOUT FT PIERCE	H US HWY 1	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN B LINDSEY DS 09/09/2002