

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085168

1. Entity Name
PRECISION RAIL AND IRON WORKS, INC.

Principal Place of Business Mailing Address
5565 64TH WAY N 5565 64TH WAY N
SUITE A SUITE A
SAINT PETERSBURG FL 33709 SAINT PETERSBURG FL 33709

2. Principal Place of Business 3. Mailing Address
5505 64th Way N. 5505 64th Way N.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ST. PETERSBURG, FL ST. PETERSBURG, FL
Zip 33709 Country USA Zip 33709 Country USA
PINELLAS PINELLAS

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90086 001 ***150.00
09-05-2001 90086 002 ***400.00

78053



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3535696 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
DOW, CYNTHIA L Name DOW, Cynthia L.
5565 64TH WAY N Street Address (P.O. Box Number is Not Acceptable)
SUITE A 5505 64th Way N.
SAINT PETERSBURG FL 33709 City ST. PETERSBURG FL Zip Code 33709

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 Cynthia L. Dow DATE 7-6-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOW, CYNTHIA L 5565 64TH WAY N SUITE A SAINT PETERSBURG FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOW, Cynthia L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5505 64th Way N. ST. PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOW, THOMAS A 5565 64TH WAY N SUITE A SAINT PETERSBURG FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOW, THOMAS A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5505 64th Way N. ST. PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia L. Dow DATE 7-6-01 727-541-6977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0081168

CR2E034 (10/00)