

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018244

1. Entity Name

PRECISION IMAGING PRODUCTS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90195 036 ***158.75

Principal Place of Business

Mailing Address

4355 62 AVENUE NORTH, SUITE #3
ST. PETE FL 33781

4355 62 AVENUE NORTH, SUITE #3
ST. PETE FL 33781-5903

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3851 62ND AVENUE N

3851 62ND AVENUE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

H

H

City & State

PINELLAS PARK, FL

City & State

PINELLAS PARK, FL

4. FEI Number

59-3558698

Applied For

Not Applicable

Zip

33781

Country

US

Zip

33781

Country

US

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

CASSILLE, MICHAEL
4355 62 AVENUE NORTH, SUITE #3
ST. PETE FL 33781

Name

CASSILLE, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

3851 62ND AVENUE SUITE H.

PINELLAS PARK,

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

Michael Cassille

2/24/00

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CASSILLE, MICHAEL | |
| STREET ADDRESS | 4355 62 AVENUE NORTH, SUITE #3 | |
| CITY-ST-ZIP | ST. PETE FL 33781 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | FARNSWORTH, DAVID | |
| STREET ADDRESS | 4355 62 AVENUE NORTH, SUITE #3 | |
| CITY-ST-ZIP | ST. PETE FL 33781 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASSILLE, MICHAEL | |
| STREET ADDRESS | 3722 LANDINGS WAY DRIVE #108 | |
| CITY-ST-ZIP | TAMPA, FL 33624 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHRISTINE M. CASSILLE | |
| STREET ADDRESS | 3722 LANDINGS WAY DRIVE #108 | |
| CITY-ST-ZIP | TAMPA, FL 33624 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

Michael Cassille

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/00

Date

707-483-8255

Daytime Phone #

CR2E034 (9/99)