FILED

9-41-139-6/05 Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 02, 2001 8:00 am DOCUMENT # P9900033053 Secretary of State PRECISION CONSTRUCTION ENTERPRISES, INC. 05-02-2001 90140 022 \*\*\*150.00 Principal Place of Business Mailing Address 4905 23RD STREET WEST, UNIT B 4905 23RD STREET WEST, UNIT B **BRADENTON FL 34207 BRADENTON FL 34207** UVU444/J 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0910714 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACKEY, CTHERINE Z Street Address (P.O. Box Number is Not Acceptable) 1402 THIRD AVE WEST **BRADENTON FL 34205** City 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) 9. This corporation is eligible to satisfy its Intangible 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) Addition TITLE ☐ Delete TITLE ☐ Change FERREIRA, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 4905 23 ST. WEST, UNIT B CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** Change TITLE TITLE ☐ Delete ■ Addition FERREIRA, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 6232 WELLESLEY DR CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.