

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90045 026 ***158.75

0563516

DOCUMENT # P99000042906

1. Entity Name

SOUTHEAST PRECISION, INC.

Principal Place of Business

Mailing Address

4252 BANDY BLVD.
FT. PIERCE FL 34981

4252 BANDY BLVD.
FT. PIERCE FL 34981

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0066510

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 (MOVED)

CIVITA, RONALD A
4949 N. A1A, #71
FT. PIERCE FL 34949

Name

CIVITA, RONALD A.

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

7401 SANTA ROSA PKWY

City

FT. PIERCE

FL

Zip

34951

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)

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, 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
PT
CIVITA, RONALD A
7401 SANTA ROSA PKWY
FORT PIERCE FL 34951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
CIVITA, FRANCINE N
7401 SANTA ROSA PKWY
FORT PIERCE FL 34951 ☐ Delete

TITLE
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CITY-ST-ZIP
MIDDLE INITIAL IS M
CIVITA, FRANCINE M. ☒ Change ☐ Addition

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CITY-ST-ZIP
☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald A. Civita

RONALD A. CIVITA

Date

3-31-01

Daytime Phone #

561 465 8818

CR2E034 (10/00)