


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90024 009 ***150.00

DOCUMENT # P99000076709	
1. Entity Name PRECAST SYSTEMS, INC.	

DO NOT WRITE IN THIS SPACE

60020615

2. Principal Place of Business P.O. BOX 24		3. Mailing Address PO BOX 1355	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MAYO, FL		City & State MAYO, FL	
Zip 32066	Country	Zip 32066	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3600770		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name MOWREY, JEFFREY T.		
	Street Address (P.O. Box Number is Not Acceptable) LAFAYETTE CTY. INDUSTRIAL PARK		
City MAYO			Zip Code 32066

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **JEFFREY T. MOWREY/PRES.** **2-7-06**
Signature typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOWREY, JEFFREY T. PO BOX 1355 MAYO, FL 32066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MOWREY, TAMMY H. PO BOX 1355 MAYO, FL 32066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE  **V PRES./SEC./TRES.** **TAMMY H. MOWREY** **2-7-06** **386-294-1391**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)