

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90179 038 ***150.00

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1. Entity Name
NEW TECHNOLOGY PRECISION MACHINING CO., INC.



Principal Place of Business
15915 ASSEMBLY LOOP
PALM BEACH PARK OF COMMERCE
JUPITER FL 33478

Mailing Address
P.O. BOX 1837
JUPITER FL 33468

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 **06-1561291**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent.

LARSEN, JOHN E
344 RIVER EDGE ROAD
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name **LARSEN, KATERYNA P.**
Street Address (P.O. Box Number is Not Acceptable)
10087 S.E. OSPREY POINTE DR
City **HOBE SOUND** **FL** Zip Code **33455**

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 *Kateryna P. Larsen* **KATERYNA P. LARSEN, CEO** **1-20-03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LARSEN, JOHN E	
STREET ADDRESS	344 RIVER EDGE ROAD	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LARSEN, KATERYNA P	
STREET ADDRESS	344 RIVER EDGE ROAD	
CITY-ST-ZIP	JUPITER FL 33477	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR + PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN E LARSEN	
STREET ADDRESS	10087 S.E. OSPREY POINTE DR	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	DIRECTOR + CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATERYNA P. LARSEN	
STREET ADDRESS	10087 SE OSPREY POINTE DR	
CITY-ST-ZIP	HOBE SOUND FL 33455	
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		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kateryna P. Larsen* **KATERYNA P. LARSEN, CEO** **JAN 20, 2003** **561-624-3830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)