

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106824

1. Entity Name

PRECISION CELLULAR INSTALLATIONS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90164 046 ***150.00

Principal Place of Business

Mailing Address

2116 SOCIETY DRIVE
HOLIDAY FL 34691

2116 SOCIETY DRIVE
HOLIDAY FL 34691



DO NOT WRITE IN THIS SPACE

② Principal Place of Business

649 Heatherwood Ct.

③ Mailing Address

649 Heatherwood Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

City & State

Tarpon Springs FL

Zip

34689

Country

US

Zip

34689

Country

US

④ FEI Number

65-0964149

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

TINGWALL, MARK J
2116 SOCIETY DRIVE
HOLIDAY FL 34691

Name

Mark J. Tingwall

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

649 Heatherwood Ct.

City

Tarpon Springs

FL

Zip Code

34689

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

Mark J. Tingwall

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/00

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS TINGWALL, MARK J
CITY-ST-ZIP 2116 SOCIETY DRIVE
HOLIDAY FL 34691

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

Mark J. Tingwall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/00

Daytime Phone #

1813/220-3434

CR2E034 (9/99)