2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106824 1. Entity Name PRECISION CELLULAR INSTALLATIONS, INC.					P. C. Carlo	FILED SECRETARY OF STATE SECRETARY OF STATE OF VISION OF CORPORATIONS OF AUG -7 PM 3: 19			
Principal Place of Business Mailing Address						01 AUG - /	PM 3: 19		
649 HEATHERW TARPON_SPRIN US	649 HEATHERWOOD CT TARPON SPRINGS FL 34689 US	EATHERWOOD CT			: (841)881 (18 18)18 (82)1 AD(1 88)1 BAYE	2 15 8 3 1 8 8 18 8 18 8 3 1 8 18 18 8	NEN ZIN 1881		
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN	I THIS SPACE		
City & State		City & State		4.	FEI Number 65-0964149		pplied For lot Applicable		
3219468 Country		34688	Country		5.	Certificate of Status Desired [\$8.75 Ad Fee Require	lditional ed	
	7. Name and Address of New Registered Agent								
TINGWALL, MARK J 649 HEATHERWOOD CT				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
FANI	PON SPRINGS FL 34689							<u> </u>	
				City			FL 354	± 22 ±	
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 by proped name of registerge gent 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!!! FE After MAY 1, 2001 Fo Make Check Payable to			01 Fee	will be \$550.0		10. Election Campaign Financi Trust Fund Contribution.	ng \$5.0 Adde	00 May Be ed to Fees	
11.	OFFICERS AND D	<u> </u>	12.	· ·		DDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	7S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINGWALL, MARK J 2116 SOCIETY DRIVE HOLIDAY FL 34691	☐ Delete		E- IE ET-ĀD DR ESS-	gwal 39-H	1, mark J. eatherwood_Ct Springs Fi 34686	Change	Addition	
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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: 130/01 727-934-4133									

July 30, 2001

Precision Cellular Installations, Inc. 649 Heatherwood Court Tarpon Springs, FL 34688

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

P99000106824

To Whom It May Concern,

I am writing to you with regards to my business renewal application. At the time that I received the form, it was at a time of very difficult circumstances personally as my father was diagnosed with Cancer. This put a tremendous strain on me as it took up all of my time traveling to New York State where my father & mother live and spending multiple weeks and months caring for his every need. I just now realized after returning home once again that my business corporation forms where never submitted to you. I sincerely apologize for being late.

To avoid this from happening in the future, I have now retained a CPA to ensure this will never happen again.

Enclosed is my check for \$150.00.

I am requesting an abatement of penalty.

Sincerely,

Mark J. Tingwall

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