FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am Secretary of State S12602 DOCUMENT # 1. Entity Name 02-18-2002 90148 006 ***150.00 PRECISION CONTRACTING SERVICES, INC. Principal Place of Business Mailing Address 311 W. INDIANTOWN RD 311 W. INDIANTOWN RD SUITE 7 SUITE 7 JUPITER FL 33458 JUPITER FL 33458 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3057681 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYD, CINDY Street Address (P.O. Box Number is Not Acceptable) 311 W. INDIANTOWN RD. SUITE #7 JUPITER FL 33458 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible -- -- FILE-NOW!!!-FEE IS \$150.00 ----10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) TITLE ☐ Change Addition TITLE ☐ Delete BOYD, CINDY S. NAME NAME 7335 TALLOWTREE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME BOYD, BRUCE R. NAME STREET ADDRESS STREET ADDRESS 18223 RIVER OAKS CiTY-ST-7IP CITY-ST-ZIP JUPITER FL Addition TITLE ... DCST-Delete -TITLE ----- 🕒 · Change NAME BOYD, SARA L. NAME STREET ADDRESS STREET ADDRESS 18223 RIVER OAKS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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