

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S99642

1. Entity Name

PRECISION HOLDINGS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90002 003 ***150.00

Principal Place of Business

Mailing Address

~~2907 BAY TO BAY BLVD~~

~~2907 BAY TO BAY BLVD~~

~~200~~

~~200~~

~~TAMPA FL 33629~~

~~TAMPA FL 33607-5955~~

~~US~~

~~US~~

954041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7650 Courtney Campbell Cswy.

3. Mailing Address

7650 Courtney Campbell Cswy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1120

1120

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33607

USA

33607

USA

4. FEI Number

59-3096593

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

Name

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

7650 Courtney Campbell Cswy.

Suite 1120

City

FL

Zip Code

33607

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

W. Andrew Krusen, Jr.

W. Andrew Krusen, Jr.

3-29-00

Signature, typed or printed name of registered agent 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!!! 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KRUSEN, W. ANDREW, JR.	
STREET ADDRESS	2907 BAY TO BAY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	KRUSEN, CHARLES B.	
STREET ADDRESS	712 5TH AVENUE, 11TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, DOUGLAS N	
STREET ADDRESS	2907 BAY TO BAY BLVD, STE 200	
CITY-ST-ZIP	TAMPA FL 33629	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7650 Courtney Campbell Cswy, 1120	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7650 Courtney Campbell Cswy, 1120	
CITY-ST-ZIP	Tampa, FL 33607	
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		

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:

Douglas N. Jones

Douglas N. Jones

3-29-00

813-837-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)