

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90068 039 ***150.00

DOCUMENT # S99642

1. Entity Name
PRECISION HOLDINGS, INC.

Principal Place of Business

7650 COURTNEY CAMPBELL CSWY
1120
TAMPA FL 33607
US

Mailing Address

7650 COURTNEY CAMPBELL CSWY
1120
TAMPA FL 33607
US

2. Principal Place of Business

712 S. Oregon Ave

Suite Apt. #, etc.

200

City & State

Tampa, FL

Zip

33606

Country

3. Mailing Address

712 S. Oregon Ave

Suite Apt. #, etc.

200

City & State

Tampa, FL

Zip

33606

Country



DO NOT WRITE IN THIS SPACE

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

KRUSEN, W. ANDREW JR.

7650 COURTNEY CAMPBELL CSWY

STE 1120

TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

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

712 S. Oregon Ave.

Suite 200

City

Tampa

FL

Zip Code

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.A. Krusen, Jr. **W.A. Krusen, Jr.**

4-25-02

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, 2002 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 **KRUSEN, W. ANDREW, JR.**
 CITY-ST-ZIP **7650 COURTNEY CAMPBELL CSWY 1120 TAMPA FL 33607**

TITLE ☐ Delete
 NAME **PS**
 STREET ADDRESS **KRUSEN, CHARLES B.**
 CITY-ST-ZIP **712 5TH AVENUE, 11TH FLOOR NEW YORK NY 10019**

TITLE ☐ Delete
 NAME **TAS**
 STREET ADDRESS **JONES, DOUGLAS N**
 CITY-ST-ZIP **7650 COURTNEY CAMPBELL CSWY 1120 TAMPA FL 33607**

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 **712 S. Oregon Ave., Suite 200**
 CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **465 Park Ave., Apt 13A**
 CITY-ST-ZIP **New York, NY 10022**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **712 S. Oregon Ave., Suite 200**
 CITY-ST-ZIP **Tampa, FL 33606**

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:

W.A. Krusen, Jr. **W.A. Krusen, Jr.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

813-837-3009

Daytime Phone #

CR2E034 (9/01)