FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **V68351**

1. Corporation Name

PRECISION ANALYTICAL SERVICES, INC.

Principal Place of Business 4105 W SAILBOAT DR COOPER CITY FL 33026

Mailing Address

4105 W SAILBOAT DR COOPER CITY FL 33026 05-05-1999 90061 037 ***150.00

DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed	İ	
					09/29/1992		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		65-0363511	Not Applicable	
Suite, Apt. #, etc.		Suite; Apt-#, etc	Suite; Apt#, etc		5. Certifcate of Status Desired See Required		
City & State City & State					6. Election Campaign Financing S	5.00 May Be	
23 28						dded to Fees	
Zip Country Zip			Country 8. This corporation owes the current year Intangible				
24	25 29 30			Personal Property Tax. ☐ Yes 🗹 No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
· · · · · · · · · · · · · · · · · · ·					Name		
Zubizarreta, rigo			99 Street Address (D.O. Ray Number is Not Acceptable)				
4105 W SAILBOAT DR			82 Street Address (P.O. Box Number is Not Acceptable)				
COOPER CITY FL 33026			83				
			84	City	FL 85	Zip Code	
11. Durquest to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed comporation submits this statement for the purpose of changing its registered							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.			13.			RECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE			hange	
NAME	ZUBIZARRETA, RIGO	_	1.2 NAME				
STREET ADDRESS	4105 W. SAILBOAT DR	N/E		T ADDRESS			
	COOPER CITY FL 3302		1.4 CITY-S			{	
CITY-ST-ZIP	COUPER CITT IE 3302	□ DELETE	2.1 TITLE	F+ZIF	ПС	hange	
i	* 4		2.2 NAME		_		
NAME			2.2 TOTALL 2.3 STREE	T ADODESC			
STREET ADDRESS				1			
CITY-ST-ZIP		□ DELETE	2.4 CITY-S 3.1 TITLE	51-ZIP	Пс	hange Addition	
TITLE		D occerc		1	L -		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE			ļ	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S	ST-ZIP		hange Addition	
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NAME			4. 2 NAME				
STREET ADDRESS	•		4.3 STREE			1	
CITY-ST-ZIP		C OF FTF	4.4 CITY-S	T-ZIP		hange Addition	
TITLE		☐ DELETE	5.1 TITLE		Цv	nango	
NAME .			5.2 NAME	1 1000000			
STREET ADDRESS	, ;		5.3 STREE			1	
CITY-ST-ZIP: .			5.4 CITY-S	T-ZIP		hongo D Addition	
TITLE	E beer is		6.1 TITLE			hange	
NAME			62 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS		.	

14. 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 annual report or supplemental annual 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 12 or Block 13 if chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE: