

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90066 049 ***150.00

DOCUMENT # *P33285*
1. Entity Name
Precision Tank Testers, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5690 Hwy 43
Suite, Apt. #, etc.

3. Mailing Address
5690 Hwy 43
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Northport AL

City & State
Northport AL

Zip
35473 Country
USA

Zip
35473 Country
USA

4. FEI Number
63-0741377

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Rivers, Ralph

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

City
Ft. Walton Bch. FL Zip Code
32548

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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>P McIntyre, Jimmie Lee 10465 Loganwood Drive Northport, AL 35473</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S McIntyre, Jacquelyn 10465 Loganwood Drive Northport, AL 35473</i>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jimmie Lee McIntyre*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 (205) 333-1955
Date Daytime Phone #

CR2E034B (12/01)