

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90999 046 ***158.75

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1. Entity Name
PRECISE PROPERTY, INC.



Principal Place of Business
**8400 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321**

Mailing Address
**8400 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321**



2. Principal Place of Business

Mailing Address
6761 W. Indianwood Rd.

Suite, Apt. #, etc.

Suite # 29

City & State

City & State
JUPITER, FL.

4. FEI Number

22-3858647

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip
33458

Country
USA

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

**SCHREIBER, BRUCE
8400 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321**

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P SCHREIBER, BRUCE**
STREET ADDRESS **8400 NORTH UNIVERSITY DRIVE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S BLATT, ROBERT**
STREET ADDRESS **6550 N. FEDERAL HWY STE 240**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *Bruce Schreiber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Schreiber 4-21-03 954-722-8400

Date

Daytime Phone #

CR2E034 (10/02)