

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F35756

1. Entity Name

PRECISION INTERNATIONAL CORPORATION

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90121 044 ***150.00

0000560

Principal Place of Business

1341 ROLLING OAKS DR
CAROL STREAM IL 60188

Mailing Address

P.O. BOX 88685
CAROL STREAM IL 60188

00043005

2. Principal Place of Business

748 Tanager Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Chicago, Ill

City & State

4. FEI Number 59-2091658

Applied For

Not Applicable

Zip

Country

60185

USA

Zip

Country

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

WALL, JAMES J

3919 SAN ROCCO DR., #34A

PUNTA GORDA FL 33950-7952

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.

SIGNATURE

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, 2001 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	C	<input type="checkbox"/> Delete
NAME	WALL, JAMES J	
STREET ADDRESS	3919 SAN ROCCO DR	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALL, MICHAEL N	
STREET ADDRESS	1341 ROLLING OAKS DR	
CITY-ST-ZIP	CORAL STREAM IL 60188	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALL, MARLENE K	
STREET ADDRESS	1341 ROLLING OAKS DR	
CITY-ST-ZIP	CAROL STREAM IL 60188	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL N WALL	
STREET ADDRESS	748 Tanager Ln	
CITY-ST-ZIP	West Chicago, IL 60185	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLENE K. WALL	
STREET ADDRESS	748 Tanager Ln	
CITY-ST-ZIP	West Chicago, IL 60185	
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:

Michael N Wall

MICHAEL N WALL

4-23-01

1-888-304-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)