

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020473

1. Entity Name

PRECISION TOOLS, TERMINALS & FITTINGS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90173 029 ***150.00

Principal Place of Business

Mailing Address

204 CHICHESTER COVE
LONGWOOD FL 32779

204 CHICHESTER COVE
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

300 N County Rd 427

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Zip

32750

Country

seminole

Zip

Country

4. FEI Number

59-3628342

Applied For

Not Applicable

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

WEAVER, STEVEN A
204 CHICHESTER COVE
LONGWOOD FL 32779

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 | D | <input type="checkbox"/> Delete |
| NAME | WEAVER, LAURIE K | |
| STREET ADDRESS | 204 CHICHESTER COVE | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WEAVER, STEVEN A | |
| STREET ADDRESS | 204 CHICHESTER COVE | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| STREET ADDRESS | | |
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| 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:

Steven A. Weaver STEVEN A. Weaver

4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)