

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91716 026 \*\*\*150.00

0095005 AV

**DOCUMENT # P00000020473**

1. Entity Name

**PRECISION TOOLS, TERMINALS & FITTINGS, INC.**

Principal Place of Business

**300 N COUNTY RD 427  
 SUITE 103  
 LONGWOOD FL 32750**

Mailing Address

**204 CHICHESTER COVE  
 LONGWOOD FL 32779**

2. Principal Place of Business

3. Mailing Address

**300 N. County Rd 427**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 103**

City & State

City & State

**Longwood, FL 32750**

Zip

Country

Zip

Country

**32750 Seminol.**

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, 2002 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** ☐ Delete  
 NAME **WEAVER, LAURIE K**  
 STREET ADDRESS **204 CHICHESTER COVE**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☒ Change ☐ Addition  
 NAME **300 N. County Rd 427 Suite 103**  
 STREET ADDRESS **Longwood FL 32750**  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **WEAVER, STEVEN A**  
 STREET ADDRESS **204 CHICHESTER COVE**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☒ Change ☐ Addition  
 NAME **300 N County Rd 427 Suite 103**  
 STREET ADDRESS **Longwood FL 32750**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ 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  
 indicated on this report or supplemental report is true and accurate and that my signature shall have  
 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter  
 changed, or on an attachment with an address, with all other like empowered.

tion  
 actor  
 12 if

**SIGNATURE: Steve Weaver Steve Weaver**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02**

Date

**4073314131**

Daytime Phone #

CR2E034 (9/01)

*This was sent  
 To wrong address*