FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90275 016 ***150.00

DOCUMENT # P01000047759

1. Entity Name
Precise Services Inc.

DO NOT WRITE IN THIS SPACE

656635

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2823 Old Village Way Suite, Apt. #, etc.	2823 Old Village Wy, Suite, Apt. #, etc.
City & State: Oldsmar FL.	City & State: OLDSMAR FL
Zip: 34677 Country: Pinellas	Zip: 34677 Country: Pinellas

4. FEI Number: 59-3719227 ☐ 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: Spiegel & Utrera, P.A.

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

City: Coral Gables FL Zip Code: 33134

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) X

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	President - Raymond Michael Tyner 2823 Old Village Way Oldsmar FL 34677
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer - Raymond Michael Tyner 2823 Old Village Way Oldsmar FL 34677
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary - Raymond Michael Tyner 2823 Old Village Way Oldsmar FL 34677
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CR2E034B (12/01)

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 another like empowered.

SIGNATURE: Raymond M Tyner 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #