

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90061 030 ***158.75

DOCUMENT # **PO1000090086** ✓
1. Entity Name
Precision Car Care Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4125 Pine Tree PL,
Suite, Apt. #, etc.

3. Mailing Address
PO Box 236306
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cocoa, FL 32926
Zip Country
32926 Brevard 32922 Brevard

4. FEI Number
74-3015842
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
Robert E. Woods
Street Address (P.O. Box Number is Not Acceptable)
4125 Pine Tree PL

City
Cocoa FL Zip Code
32926

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 **Robert E. Woods President** **Robert E. Woods** **4-29-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other officers and directors.

SIGNATURE: **Robert E. Woods** **Robert E. Woods** **4-29-02 321-504-075**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)