

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2003 8:00 am**  
**Secretary of State**

08-06-2003 90059 043 \*\*\*550.00

**DOCUMENT # P01000104002**

**1. Entity Name**  
**PRECISION RISK SERVICES, INC.**



**Principal Place of Business**  
**2105 PARK AVE., NORTH**  
**WINTER PARK FL 32789**

**Mailing Address**  
**2105 PARK AVE., NORTH**  
**WINTER PARK FL 32789**

**2. Principal Place of Business**

**3. Mailing Address**  
**P.O. Box 2106**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Winter Park, FL**

Zip

Country

Zip  
**32790**

Country

**4. FEI Number** **80-0004689**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**TOFFOLI, MICHAEL L**  
**2105 PARK AVE., NORTH**  
**WINTER PARK FL 32789**

**7. Name and Address of New Registered Agent**

Name  
**Lund, L. Alan**  
Street Address (P.O. Box Number is Not Acceptable)  
**1780 N. Krome Ave.**  
City  
**Homestead** **FL** Zip Code  
**33030**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **D JONES, THOMAS R JR.**  
STREET ADDRESS **17950 S.W. 285TH ST.**  
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D LUND, L. ALAN**  
STREET ADDRESS **17363 S.W. 267TH LANE**  
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE ☒ Change ☐ Addition  
NAME **D Lund, L Alan**  
STREET ADDRESS **1780 N Krome Ave**  
CITY-ST-ZIP **Homestead FL 33030**

TITLE ☐ Delete  
NAME **D NENEZIAN, GEORGE**  
STREET ADDRESS **7000 AMBERDEEN WAY**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **D TOFFOLI, MICHAEL L**  
STREET ADDRESS **102 SPRING LAKE LANE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ Change ☒ Addition  
NAME **D Thomas L. Stinson**  
STREET ADDRESS **4438 Lillie Water St.**  
CITY-ST-ZIP **Orlando, FL 32718**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/30/03

305-246-7500

CR2E034 (4/03)