


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-06-2003 90059 042 \*\*\*550.00

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<b>DOCUMENT #</b> P01000109018	
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1. Entity Name  
**PRECISION INSURANCE AGENCY, INC.**

Principal Place of Business <b>2105 PARK AVE. N. WINTER PARK FL 32789</b>	Mailing Address <b>2105 PARK AVE. N. WINTER PARK FL 32789</b>
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2. Principal Place of Business	3. Mailing Address <b>P.O. Box 2106</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State <b>Winter Park, FL</b>
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Zip <b>32790</b>	Country	Zip <b>32790</b>	Country
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☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

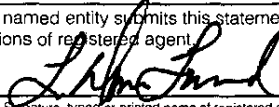
**TOFFOLI, MICHAEL L  
2105 PARK AVE. N.  
WINTER PARK FL 32789**

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  DATE **7/30/03**

**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  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONES, THOMAS R JR 17950 SW 285TH ST. HOMESTEAD FL 33031</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUND, L. ALAN 17363 SW 267TH LN. HOMESTEAD FL 33031</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NENEZIAN, GEORGE 7000 AMBERDEEN WAY MIAMI LAKES FL 33016</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TOFFOLI, MICHAEL L 102 SPRING LAKE LN. ALTAMONTE SPRINGS FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D Lund, L. Alan 1780 N Krome Ave Homestead FL 33030</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>D Thomas L. Stinson 4438 Lillie Water St. Orlando, FL 32718</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/30/03** **305.246-7502**  
Date Daytime Phone #

CR2E034 (4/03)