

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91011 015 ***150.00

DOCUMENT # **P02000060927**

Entity Name
PRECISION PUNCH OUT, INC

Principal Place of Business
**700 DIXIE HWY
LAKE PK FL 33408**

Mailing Address
**700 DIXIE HWY
LAKE PK FL 33408**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

30-0082766

☒ 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

**SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI FL 33145**

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

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable. If the registered agent is a corporation, the signature of an authorized officer or director is required.

Date

**FILE NOW! FEE IS \$180.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Bureau of Administration of State**

9. Securities Company's Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	☐ Delete
NAME	DOYLE, CHRISTOPHER W.	
STREET ADDRESS	700 DIXIE HWY	
CITY-ST-ZIP	LAKE PK FL 33408	
TITLE	VD	☐ Delete
NAME	VINCENTZ, VINCE	
STREET ADDRESS	700 DIXIE HWY	
CITY-ST-ZIP	LAKE PK FL 33408	
TITLE	S	☐ Delete
NAME	VINCENTZ, CINDY	
STREET ADDRESS	700 DIXIE HWY	
CITY-ST-ZIP	LAKE PK FL 33408	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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 class in Section 119.07(3)(c), 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 legal effect and be 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 any attachment with an address, with an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Official Phone

0583860 FP