2000 UNIFORM BUSINESS REPORT (UBR)

عاليّ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # **P97000089476** May 17, 2000 8:00 am Secretary of State PRECISION INVESTIGATIONS, INC. 05-17-2000 90878 003 ***150.00 Mailing Address Principal Place of Business PO BOX 18913 5877 S RUE ROAD WEST PALM BEACH FL 33416-8913 WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0819323 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent BERNARD, NADEGE 5877 S RUE ROAD WEST PALM BEACH FL 33415 3340C 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VP, Delete TITLE TITLE David Crouch NADEGE, BERNARD NAME 780 Cotton Bay Drive W APTH-1216 STREET ADORESS 5877 S RUE RD STREET ADDRESS Westfalm Beach Fl CITY-ST-ZIP WEST PALM BEACH FL 33415 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.