

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90318 034 \*\*\*150.00

**DOCUMENT # P97000089476**

1. Entity Name  
**PRECISION INVESTIGATIONS, INC.**

Principal Place of Business  
**5877 S RUE ROAD  
WEST PALM BEACH FL 33415**

Mailing Address  
**PO BOX 18913  
WEST PALM BEACH FL 33416**

**951817**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1827 PALM ACRES DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 18913**  
Suite, Apt. #, etc.

City & State  
**W.P.B., FL**  
Zip  
**33406**

City & State  
**W.P.B., FL**  
Zip  
**33416**

Country  
**USA**

4. FEI Number **65-0819323**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**CROUCH, DAVID  
780 COTTON BAY DRIVE W  
APT 1216  
WEST PALM BEACH FL 33406**

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

Name **CROUCH, DAVID**  
Street Address (P.O. Box Number is Not Acceptable)  
**1827 PALM ACRES DR.**  
City **WEST PALM BEACH** **FL** Zip Code **33406**

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

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

(NOTE: Registered Agent signature required when reinstating)

**4/10/01**

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 **DPVP** ☐ Delete  
NAME **CROUCH, DAVID**  
STREET ADDRESS **780 COTTON BAY DR W APT 1216**  
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **T** ☐ Delete  
NAME **CROUCH, DAVID**  
STREET ADDRESS **780 COTTON BAY DR W APT 1216**  
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **CROUCH, DAVID**  
STREET ADDRESS **1827 PALM ACRES DR.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☒ Change ☐ Addition  
NAME **CROUCH, DAVID**  
STREET ADDRESS **1827 PALM ACRES DR.**  
CITY-ST-ZIP **W.P.B., FL 33406**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/01**

DATE

**561-758-9229**

DAYTIME PHONE #

CR2E034 (10/00)