

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90199 015 ***150.00

DOCUMENT # P97000089476

1. Entity Name
PRECISION INVESTIGATIONS, INC.



Principal Place of Business

~~1827 PALM ACRES DR~~
~~WEST PALM BEACH FL 33406~~

Mailing Address

~~PO BOX 18813~~
~~WEST PALM BEACH FL 33416~~

2. Principal Place of Business

1234 PINE SAGE CIR.

Suite, Apt. #, etc.

3. Mailing Address

1234 PINE SAGE CIR

Suite, Apt. #, etc.

City & State

W.P.B., FL

City & State

W.P.B., FL

Zip
33409

Country
USA

Zip
33409

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

~~1827 PALM ACRES DR~~ **1234 PINE SAGE CIR**
~~WEST PALM BEACH FL 33406~~ **W.P.B., FL 33409**

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 ☐ Delete
NAME **DPVP**
CROUCH, DAVID
STREET ADDRESS ~~1827 PALM ACRES DR~~ **1234 PINE SAGE CIR.**
CITY-ST-ZIP ~~WEST PALM BEACH FL 33406~~ **33409**

TITLE ☐ Delete
NAME **T**
CROUCH, DAVID
STREET ADDRESS ~~1827 PALM ACRES DR~~ **1234 PINE SAGE CIR**
CITY-ST-ZIP ~~WEST PALM BEACH FL 33406~~ **33409**

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03

561-502-9522

Date

Daytime Phone #

CR2E034 (10/02)