

# 2000 UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # **P98000024331**

1. Entity Name

**Precision Beveling Inc**

Principal Place of Business

Mailing Address

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90004 006 \*\*\*150.00

2. Principal Place of Business

**954 Pine Island Rd**  
Suite, Apt. #, etc.

3. Mailing Address

**same**

DO NOT WRITE IN THIS SPACE

City & State

**Cape Coral FL**

City & State

**same**

4. FEI Number

**65-0820395**

Applied For  
Not Applicable

Zip

**33909**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Susan A Coan**  
**5324 SW 11th Av**  
**Cape Coral FL 33914**

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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

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, 2000 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	<b>Andrew C Coan, Pres</b>	<input type="checkbox"/> Delete
NAME	<b>5324 SW 11th Av</b>	
STREET ADDRESS	<b>Cape Coral, FL 33914</b>	
CITY-ST-ZIP		
TITLE	<b>Anthony Walsh, VP</b>	<input type="checkbox"/> Delete
NAME	<b>804 SW 6th Av</b>	
STREET ADDRESS	<b>Cape Coral 33991</b>	
CITY-ST-ZIP		
TITLE	<b>Larisa C Walsh, Treas</b>	<input type="checkbox"/> Delete
NAME	<b>804 SW 6th Av</b>	
STREET ADDRESS	<b>Cape Coral FL 33991</b>	
CITY-ST-ZIP		
TITLE	<b>Susan A Coan, Sec</b>	<input type="checkbox"/> Delete
NAME	<b>5324 SW 11th Av</b>	
STREET ADDRESS	<b>Cape Coral FL 33914</b>	
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Susan A Coan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/00**  
Date

**941-573-7472**  
Daytime Phone #

CR2E034 (9/99)