

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099162

1. Entity Name  
PRECISION HOT STAMP, INC.

Principal Place of Business

800-F BELL ROAD  
SARASOTA FL 34240

Mailing Address

800-F BELL ROAD  
SARASOTA FL 34240

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SEE, MICHAEL E  
234 COOLIDGE DRIVE  
SARASOTA FL 34236

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: *Michael E See*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | SCHWARZ, WOLFGANG     |  |
| STREET ADDRESS | 6751 NW 88TH LANE     |  |
| CITY-ST-ZIP    | CHIEFLAND FL 32626    |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | SCHWARZ, BOBBIE       |  |
| STREET ADDRESS | 6751 NW 88TH LANE     |  |
| CITY-ST-ZIP    | CHIEFLAND FL 32626    |  |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | STOLLENWERK, JOSEF    |  |
| STREET ADDRESS | 344 SPRING BRANCH DR  |  |
| CITY-ST-ZIP    | CANTON GA 30015       |  |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | STOLLENWERK, REMATE   |  |
| STREET ADDRESS | 344 SPRING BRANCH DR  |  |
| CITY-ST-ZIP    | CANTON GA 30015       |  |
| TITLE          | SEE, MICHAEL          | <input type="checkbox"/> Delete            |
| NAME           | 234 Coolidge Dr.      |  |
| STREET ADDRESS | Sarasota, FL 34236    |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | Schwarz, Taylor       | <input type="checkbox"/> Delete            |
| NAME           | 11831 NE 85th Terrace |  |
| STREET ADDRESS | BRANSON, FL 32621     |  |
| 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          | Vice President | <input checked="" type="checkbox"/> Change <input checked="" 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          | President      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           |                |   |
| STREET ADDRESS |                |   |
| CITY-ST-ZIP    |                |   |
| TITLE          | Sec/Treas      | <input type="checkbox"/> Change <input checked="" 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: *Michael E See*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01  
Date

941-378-8933  
Daytime Phone #

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90046 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0880241

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

CR2E034 (10/00)