

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

0576915 AV

DOCUMENT # P98000105869

1. Entity Name
PRECISE BUILDERS, INC.



04-21-2003 91055 008 ***150.00

Principal Place of Business
**C/O US ACCOUNTING OFFIC. INC
417 W JEFFERSON STREET
BROOKSVILLE FL 34601**

Mailing Address
**C/O US ACCOUNTING OFFIC. INC
417 W JEFFERSON STREET
BROOKSVILLE FL 34601**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3549066**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOULD, WILLIAM T
417 WEST JEFFERSON STREET
BROOKSVILLE FL 34601**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PT
GOULD, WILLIAM T
27331 THRUSH AVENUE
BROOKSVILLE FL 34602**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PT
Gould, William T.
22596 Jacobson Rd.
Breaksville FL 34601**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPS
MAZZUCO, JOSEPH W
27331 THRUSH AVENUE
BROOKSVILLE FL 34602**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPS
Mazzuco, Joseph W.
22596 Jacobson Rd.
Brooksville FL 34601**

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

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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:

William T Gould

4-19-2003 352-796-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)