

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90017 007 ***150.00

DOCUMENT # P99000028982

1. Entity Name
THE PRECISION FINANCIAL GROUP, INC.

Principal Place of Business 5329 SUMMERLIN RD., APT. 15 FT. MYERS FL 33919	Mailing Address 16520 S. TAMiami TR. 18-269 FT. MYERS FL 33908-4569
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 919 Cape Coral Pkwy W. Suite, Apt. #, etc.	3. Mailing Address P.M.B. 188 1616-102 Cape Coral Pkwy W. Suite, Apt. #, etc.
City & State Cape Coral FL	City & State Cape Coral, FL
Zip 33914	Zip 33914
Country U.S.	Country U.S.

4. FEI Number 65-0998038	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WOOD, COREY M
5329 SUMMERLIN RD., APT. 15
FT. MYERS FL 33919

7. Name and Address of New Registered Agent
 Name: **Corey M. Wood**
 Street Address (P.O. Box Number is Not Acceptable): **919 Cape Coral Pkwy W.**
 City: **Cape Coral** FL Zip Code: **33914**

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: DATE: **04/12/00**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 C.E.O.	<input type="checkbox"/> Delete
NAME Corey M. Wood	
STREET ADDRESS 919 Cape Coral Pkwy W.	
CITY-ST-ZIP Cape Coral FL 33914	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME Erik O. Wood	
STREET ADDRESS 919 Cape Coral Pkwy W.	
CITY-ST-ZIP Cape Coral FL 33914	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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: DATE: **04/12/00** DAYTIME PHONE #: **(941) 541-2403**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)