

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

Mailing Address

5329 SUMMERLIN RD., APT. 15
 FT. MYERS FL 33919

16520 S. TAMiami TR. 18-269
 FT. MYERS FL 33908-4569



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

919 Cape Coral Pkwy W.

P.M.B. 188 1616-102 Cape Coral Pkwy W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Coral FL

Cape Coral, FL

Zip

Country

Zip

Country

33914

U.S.

33914

U.S.

4. FEI Number

65-0998038

Applied For

Not Applicable

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

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

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

(NOTE: Registered Agent signature required when reinstating)

04/12/00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O. Corey M. Wood 919 Cape Coral Pkwy W. Cape Coral FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Eric O. Wood 919 Cape Coral Pkwy W. Cape Coral FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corey M. Wood

04/12/00
 Date

(941) 541-2403
 Daytime Phone #

CR2E034 (9/99)