

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90242 001 \*\*\*\*50.00  
03-05-2001 90242 002 \*\*\*\*50.00  
03-05-2001 90242 003 \*\*\*\*58.75

**DOCUMENT # P99000028982**

1. Entity Name  
**THE PRECISION FINANCIAL GROUP, INC.**

Principal Place of Business  
P.M.B. 88  
1616-102 CAPE CORAL PKWY W.  
CAPE CORAL FL 33914  
US

Mailing Address  
P.M.B. 88  
1616-102 CAPE CORAL PKWY W.  
CAPE CORAL FL 33914  
US

04401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2710 Del Prado Blvd**  
Suite, Apt. #, etc.  
**#2-257**  
City & State  
**Cape Coral, FL**  
Zip  
**33904** Country  
**U.S.A.**

3. Mailing Address  
**2710 Del Prado Blvd**  
Suite, Apt. #, etc.  
**#2-257**  
City & State  
**Cape Coral, FL**  
Zip  
**33904** Country  
**U.S.A.**

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  
**WOOD, COREY M**  
**919 COPE CORAL PKWY W**  
**CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent  
Name **Alice M. Wood**  
Street Address (P.O. Box Number is Not Acceptable)  
**3606 S.E. 1<sup>ST</sup> PL**  
City **Cape Coral** **FL** Zip Code **33904**

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]* *[Signature]* **11/14/01**  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>WOOD, COREY M</b> <b>919 COPE CORAL PKWY W</b> <b>CAPE CORAL FL 33914</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOOD, ERIN O</b> <b>919 COPE CORAL PKWY W</b> <b>CAPE CORAL FL 33914</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C.E.O.</b> <b>WOOD, COREY M</b> <b>2710 Del Prado Blvd #2-257</b> <b>Cape Coral, FL 33904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOOD, ERIK O</b> <b>2710 Del Prado Blvd #2-257</b> <b>Cape Coral, FL 33904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **Corey M. Wood**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)