

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

04401



DO NOT WRITE IN THIS SPACE

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

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. 1ST 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] Alice M. Wood 1/14/01
 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	CEO WOOD, COREY M 919 COPE CORAL PKWY W CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, ERIN O 919 COPE 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
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	C.E.O. WOOD, COREY M 2710 Del Prado Blvd #2-257 Cape Coral, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, ERIK O 2710 Del Prado Blvd #2-257 Cape Coral, FL 33904	<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
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)