DOCUMENT # 625754

1. Entity Name

INTERCOUNTY SUBPOENA AND INVESTIGATIVE AGENCY, I

	Pri	nc	ipai Piace	OI	Busine
I	601	ŝ	ANDREWS	A	VE
I	DEA	0			

Mailing Address

POB 1000 FT LAUD FL 33302

REAR FT LAUD FL 33301

2. Principal Place of Business	3. Mailine Address
520 N Dixie Hwy	I Shill was
Suite, Apt. #, etc.	Suite, Apt. #, etc.
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Signature Periling John Sand Review of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Registered agent appears specially appeared agent appears	0.410	DAMON A			$\sim A$	5005			
B. The above fame entity jubmits the enterpenent for the pulpose of changing its registered office or registered agent, or both, in the State of Florida. SignATURE				Street Address (P.O. Box Number is Not Acceptable)					
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9. This corporation is eligible to satisfy its intanglole Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11.	8. The above	e named entity submits this statement for the	purpose of changing its re	gistered office or regis	stered agent, or both	n, in the State of Florida.			
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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	CITY-ST-ZIP								
	13. I hereby c	ertify that the information supplied with this	filing does not qualify for the	e exemption stated in \$	Section 119.07(3)(i)	Florida Statutes. I further cer	rtify that the in	 formation	

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR