2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State
06-12-2003 90012 003 ***150.00

091554 AT

DOCUMENT # 835878

1. Entity Name
INS INVESTIGATIONS BUREAU, INC.

Principal Place of Business	Mailing Address
9 CAMPUS DRIVE STE 7 PARSIPPANY NJ 07054 US	P.O. BOX 316 PARSIPPANY NJ 07054-0316 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9 CAMPUS DRIVE	9 CAMPUS DRIVE
Suite, Apt. #, etc. SUITE 7 ATTN: J.E. GILMORE PARALEGAL	Suite, Apt. #, etc. SUITE 7 ATTN: JE GILMORE PARALEGAL
City & State PARSIPPANY NJ	City & State PARSIPPANY, NJ
Zip 07054 Country USA	Zip 07054 Country USA

4. FEI Number 13-2829003 ☐ 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
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCT THOMPSON, MICHAEL W 4426 BROOKSHADOW DRIVE KINGSWOOD TX 77345	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARDY, EDD M 7208 BELL CHASSE NASHVILLE TN 37221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OF, RAY 2472 GRAND AVE BELLMORE NY 11710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JACKSON, THOMAS M 17 HAWTHORNE CT MORRISTOWN NJ 07960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(Preparer info on back)

SIGNATURE: [signature] Thomas M. Jackson (973) 993-3556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Corporate Secretary Title Daytime Phone #

Attachment

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835878

80125948

1. Entity Name
INS INVESTIGATIONS BUREAU, INC.

[redacted]

Principal Place of Business	Mailing Address
9 CAMPUS DRIVE STE 7 PARSIPPANY NJ 07054 US	P.O. BOX 316 PARSIPPANY NJ 07054-0316 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / County

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-2829005 ☐ 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
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301	Name Street Address P.O. Box required if applicable City FL Zip Code

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. The entity named above is familiar with, and accepts the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, type or printed name of registered agent and title if an officer. NOTE: Registered Agent's signature required for new appointment.

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONAL OFFICERS AND DIRECTORS IN 11		
TITLE	PCT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	THOMPSON, MICHAEL W		NAME		
STREET ADDRESS	4428 BROOKSHADOW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KINGSWOOD TX 77345		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARDY, EDD M		NAME		
STREET ADDRESS	7208 BELL CHASSE		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37221		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OF, RAY		NAME		
STREET ADDRESS	2472 GRAND AVE		STREET ADDRESS		
CITY-ST-ZIP	BELLMORE NY 11710		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☒ Addition
NAME	JACKSON, THOMAS M		NAME		
STREET ADDRESS	17 HAWTHORNE CT		STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN NJ 07960		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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