FILED

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

Jul 24, 2001 8:00 am F00000004792 DOCUMENT # **Secretary of State** 1. Entity Name INVESTIGATIVE CLAIMS BUREAU, INC. 07-24-2001 90040 008 ***150.00 Principal Place of Business Mailing Address 101 N. WOODLAND BLVD P.O. BOX 390007 $\mathbf{U}/\mathbf{\Omega}$ $\mathbf{\Omega}$ \mathbf{I} \mathbf{O} $\overset{\bullet}{\mathbf{T}}$ \mathbf{O} $\overset{\bullet}{\mathbf{T}}$ DELAND FL 32720 **DELTONA FL 32738** 2. Principal Place of Business 3234 PArn 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3649722 lelton Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Volu<u>s, A</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UTTERBACK, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 101 N. WOODLAND BLVD., #303 DELAND FL 32720 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. SAML **PVST** TITLE ☐ Delete TITLE ☐ Addition SAML UTTERBACK, MICHAEL J NAME NAME Parma Dr. STREET ADDRESS 101 N. WOODLAND BLVD., #303 STREET ADDRESS CITY-ST-ZIP **DELAND FL 32720** CITY-ST-ZIP CVCD ☐ Delete Change ☐ Addition UTTERBACK, MICHAEL J NAME STREET ADDRESS 101 N. WOODLAND BLVD., #303 STREET ADDRESS CITY-ST-ZIP DELAND FL 32720 CITY-ST-ZIP ☐ Addition TITLE Delete_ TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

To Whom It May Concern,

I am responding to the "Uniform Business Report" that I just recently received in the mail. Please be advised that this is the one and only notice that this company has received. After speaking with a representative of the "Division of Corporations" they suggested that I write a letter explaining that this is the only notice received and to make a check out in the amount of \$150.00. If you have any questions, please contact my office at your convenience.

Thanks In Advance,

Michael J. Utterback