

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90479 045 ***150.00

DOCUMENT # F00000004792

1. Entity Name
INVESTIGATIVE CLAIMS BUREAU, INC.

Principal Place of Business

**3236 PARMA DR
 DELTONA FL 32738**

Mailing Address

**P.O. BOX 390007
 DELTONA FL 32738**

2. Principal Place of Business

**2916 Beal St.
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 390007
 Suite, Apt. #, etc.**

City & State

Deltona, FL

City & State

Deltona, FL

4. FEI Number

59-3649722

Applied For

☒ **Not Applicable**

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**UTTERBACK, MICHAEL J
 3236 PARMA DR.
 DELTONA FL 32738**

7. Name and Address of New Registered Agent

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.

SIGNATURE Michael J. Utterback

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/02

**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, 2002 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 ☐ **Delete**
NAME **PVST**
STREET ADDRESS **UTTERBACK, MICHAEL J**
CITY-ST-ZIP **3236 PARMA DRIVE**
DELTONA FL 32738

TITLE ☐ **Delete**
NAME **CVCD**
STREET ADDRESS **UTTERBACK, MICHAEL J**
CITY-ST-ZIP **3236 PARMA DRIVE**
DELTONA FL 32738

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME **2916 Beal St.**
STREET ADDRESS **Deltona, FL 32738**
CITY-ST-ZIP

TITLE ☒ **Change** ☐ **Addition**
NAME **P.O. Box 390007**
STREET ADDRESS **Deltona, FL 32738**
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael J. Utterback

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/02

Daytime Phone #

CR2E034 (9/01)