

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**



DO NOT WRITE IN THIS SPACE

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

Zip Country
32738 Volusia

Zip Country
32738 Volusia

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	PVST <input type="checkbox"/> Delete
NAME	UTTERBACK, MICHAEL J
STREET ADDRESS	3236 PARMA DRIVE
CITY-ST-ZIP	DELTONA FL 32738
TITLE	CVCD <input type="checkbox"/> Delete
NAME	UTTERBACK, MICHAEL J
STREET ADDRESS	3236 PARMA DRIVE
CITY-ST-ZIP	DELTONA FL 32738
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2916 Beal St.
CITY-ST-ZIP	Deltona, FL 32738
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 390007
CITY-ST-ZIP	Deltona, FL 32738
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

M. Utterback **4/27/02**
 Date Daytime Phone #

CR2E034 (9/01)