

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90125 038 ***150.00

00320000 AT

DOCUMENT # **F00000004792**

1. Entity Name
INVESTIGATIVE CLAIMS BUREAU, INC.



Principal Place of Business
**2996 BEAL ST
DELTONA FL 32738**

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



2. Principal Place of Business
2996 Beal St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 390007
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Deltona, Fl.

City & State
Deltona, Fl.

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip
32738

Country
Volusia

Zip
32738

Country
Volusia

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

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

Name
Michael J. Utterback

Street Address (P.O. Box Number is Not Acceptable)

2996 Beal St. Deltona, Fl. 32738

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 *M. Utterback*

(NOTE: Registered Agent signature required when reinstating)

3/17/03
DATE

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

TITLE Change Addition
NAME **Michael Utterback**
STREET ADDRESS **2996 Beal St.**
CITY-ST-ZIP **Deltona, Fl. 32738**

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *M. Utterback* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)