

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0144887 AB

DOCUMENT # F01000006082

1. Entity Name
INTERNAL INTELLIGENCE SERVICE, INC.



APPROVED
AND
FILED

03 NOV -3 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9-25 ALLING STREET
NEWARK NJ 07102

Mailing Address
9-25 ALLING STREET
NEWARK NJ 07102

JA



REINSTATEMENT 2003

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-3171607

Applied For
Not Applicable

Zip

Country

Zip

Country

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)

400023970534
10/21/03--01063--012 **750.00

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 *Juanita Mahoney* Juanita Mahoney, Ass't SEC 11/05/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 PCD GREGORY, GERALD A
STREET ADDRESS 9-25 ALLING STREET
CITY-ST-ZIP NEWARK NJ ☐ Delete

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

TITLE NAME VD NILIO, NICHOLAS A
STREET ADDRESS 9-25 ALLING STREET
CITY-ST-ZIP NEWARK NJ ☐ Delete

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

TITLE NAME SD DRIGHT, KARI S
STREET ADDRESS 9-25 ALLING STREET
CITY-ST-ZIP NEWARK NJ ☐ Delete

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

TITLE NAME D BEAN, GARRY
STREET ADDRESS 9-25 ALLING STREET
CITY-ST-ZIP NEWARK NJ ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03 212-481-3778 305

Date

Daytime Phone #

CR2E034 (4/03)