

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003121

1. Entity Name

GAB ROBINS INSURANCE INVESTIGATION SERVICES, INC

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90029 045 ***150.00

Principal Place of Business

Mailing Address

PO BOX 5490
PARSIPPANY NJ 07054

PO BOX 5490
PARSIPPANY NJ 07054-6490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

610 CRESCENT EXECUTIVE CRT.

9 CAMPUS DRIVE SUITE 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

PO BOX 316

LAKE MARY FL

PARSIPPANY, NJ

City & State

City & State

32746

07054-0316

Country

Country

4. FEI Number

22-3657109

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MCNULTY, JOHN P
STREET ADDRESS 610 CRESCENT EXECUTIVE COURT
CITY-ST-ZIP LAKE MARY FL 32746

☐ Delete

TITLE V
NAME KING, DAN
STREET ADDRESS 610 CRESCENT EXECUTIVE COURT
CITY-ST-ZIP LAKE MARY FL 32746

☐ Delete

TITLE ~~ST~~
NAME ~~BOURES, A. J.~~
STREET ADDRESS 9 CAMPUS DRIVE
CITY-ST-ZIP PARSIIPPANY NJ 07054

☒ Delete

TITLE D
NAME ~~MCNULTY, JOHN P.~~
STREET ADDRESS 9 CAMPUS DRIVE
CITY-ST-ZIP PARSIIPPANY NJ 07054

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE PRESIDENT/TREASURER
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE VICE PRESIDENT/SECRETARY
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DIRECTOR
NAME JOSEPH ZUBRETTKY
STREET ADDRESS 9 CAMPUS DRIVE
CITY-ST-ZIP PARSIIPPANY, NJ 07054

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)