

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H76443

Entity Name

INVESTORS REFERENCE CORPORATION

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90176 025 ***150.00

Principal Place of Business

NORTH DIXIE HWY., STE 139
BOCA RATON FL 33432

Mailing Address

1700 NORTH DIXIE HWY., STE 139
BOCA RATON FL 33432-1807

040100



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 59-2580279		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PHILLIPS, EDWARD P. 1881 UNIVERSITY DR SUITE 206 CORAL SPRINGS FL 33065		Name TUGGLE, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 1700 N DIXIE HIGHWAY suite 139 City BOCA RATON FL Zip Code 33432	

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.

WILLIAM G. TUGGLE WSH 4/26/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PC TUGGLE, W. GARY 261 NW 46TH ST. BOCA RATON FL VSD PEACH, HERSHEL R. 1166 SW 2ND STREET BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: W. TUGGLE 4/26/00 5613955959
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)