

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90164 049 ***150.00

DOCUMENT # H76443

1. Entity Name
INVESTORS REFERENCE CORPORATION



Principal Place of Business
**1700 NORTH DIXIE HWY.. STE 139
BOCA RATON FL 33432**

Mailing Address
**1700 NORTH DIXIE HWY.. STE 139
BOCA RATON FL 33432**

2. Principal Place of Business
261 NW 46th ST
Suite, Apt. #, etc.

3. Mailing Address
261 NW 46 ST
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON FL
Zip **33431** Country **USA**

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BOCA RATON FL
Zip **33431** Country **USA**

4. FEI Number **59-2580279**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TUGGLE, WILLIAM G
1700 N DIXIE HIGHWAY
SUITE 139
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **TUGGLE, WILLIAM G**
Street Address (P.O. Box Number is Not Acceptable)
261 NW 46 ST
City **BOCA RATON FL** Zip Code **33431**

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/10/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC TUGGLE, W. GARY 261 NW 46TH ST. BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 561 395 5959
Date Daytime Phone #

CR2E034 (10/02)