2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am § Secretary of State DOCUMENT # J66526 1. Entity Name 04-17-2002 90046 008 ***150.00 FIRST RATE INVESTIGATIONS, INC. Principal Place of Business Mailing Address 1853 BELMONT DRIVE 1853 BELMONT DRIVE PO BOX 7935 PO BOX 7935 CLEARWATER FL 33758-935 CLEARWATER FL 33758-935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2794601 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DILLARD, GEORGE P Street Address (P.O. Box Number is Not Acceptable) 1853 BELMONT DRIVE CLEARWATER FL 33765 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition CR2E034 (9/01) TITLE ☐ Delete TITLE NAME DILLARD, GEORGE P. NAME ILLARD, GEORGE P. STREET ADDRESS **1853 BELMONT DRIVE** STREET ADDRESS 1853 BELMONT DRIVE CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP LEARWATER, FL TITLE VSTD ☐ Delete PSD Change Addition NAME DILLARD, JEFFREY P NAME DILLARD, JEFFERY P. 853 BELMONT DRIVE STREET ADDRESS STREET ADDRESS **1853 BELMONT DRIVE** CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33765 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

P. DILLARD, V.P. - DIRECTOR

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 chapted or on an attachment with an address with all other like propagated.

changed, or on an attachment with an address, with all other like empowered

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