

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90465 039 ***150.00

0498178 AV

DOCUMENT # J66526

1. Entity Name
FIRST RATE INVESTIGATIONS, INC.



Principal Place of Business
**1853 BELMONT DRIVE
PO BOX 7935
CLEARWATER FL 33758-7935
US**

Mailing Address
**1853 BELMONT DRIVE
PO BOX 7935
CLEARWATER FL 33758-7935
US**



2. Principal Place of Business
3277 Pine Haven Dr.

3. Mailing Address
P.O. Box 7935

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
33761

Country
USA

Country
USA

4. FEI Number
59-2794601

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**DILLARD, GEORGE P
1853 BELMONT DRIVE
CLEARWATER FL 33765**

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

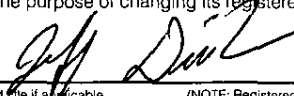
7. Name and Address of New Registered Agent

Name
Jeff Dillard

Street Address (P.O. Box Number is Not Acceptable)
3277 Pine Haven Dr.

City
Clearwater FL Zip Code
33761

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  DATE **04-17-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 VTD	<input checked="" type="checkbox"/> Delete
NAME DILLARD, GEORGE P	
STREET ADDRESS 1853 BELMONT DRIVE	
CITY-ST-ZIP CLEARWATER FL 33765	
TITLE PSD	<input checked="" type="checkbox"/> Delete
NAME DILLARD, JEFFREY P	
STREET ADDRESS 1853 BELMONT DRIVE	
CITY-ST-ZIP CLEARWATER FL 33765	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME George Dillard	
STREET ADDRESS 2460 Northside Dr. # 705	
CITY-ST-ZIP Clearwater, FL 33761	
TITLE P, V, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jeff Dillard	
STREET ADDRESS 3277 Pine Haven Dr.	
CITY-ST-ZIP Clearwater, FL 33761	
TITLE S, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Crystal Dillard	
STREET ADDRESS 3277 Pine Haven Dr.	
CITY-ST-ZIP Clearwater, FL 33761	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:  P, V, D DATE: **04-17-03** DAYTIME PHONE #: **727-791-7555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRCE034 (10/02)