

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

0408178 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.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33761

Country

USA

Zip

33758

Country

USA

4. FEI Number

59-2794601

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-17-03

**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 **VTD** ☒ Delete
NAME **DILLARD, GEORGE P**
STREET ADDRESS **1853 BELMONT DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **PSD** ☒ Delete
NAME **DILLARD, JEFFREY P**
STREET ADDRESS **1853 BELMONT DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☐ Addition
NAME **George Dillard**
STREET ADDRESS **2460 Northside Dr. # 705**
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **P, V, D** ☒ Change ☐ Addition
NAME **Jeff Dillard**
STREET ADDRESS **3277 Pine Haven Dr.**
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **S, T, D** ☐ Change ☒ Addition
NAME **Crystal Dillard**
STREET ADDRESS **3277 Pine Haven Dr.**
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE (Typed or Printed Name of Signing Officer or Director)
Jeff Dillard

04-17-03

727-791-7555

Date

Daytime Phone #

CR2E034 (10/02)