

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L14615**

1. Entity Name

NORTHERN INTELLIGENCE AGENCY, INC.

Principal Place of Business

**8930 SOUTH HOLLYBROOK BLVD.
SUITE 208
PEMBROKE PINES FL 33025**

Mailing Address

**8930 SOUTH HOLLYBROOK BLVD.
SUITE 208
PEMBROKE PINES FL 33025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3003065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOYLE, BETTY B.
8930 S. HOLLYBROOK BLVD.
SUITE 208
PEMBROKE PINES FL 33025**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **DOYLE, BETTY B.**
STREET ADDRESS **8930 S HOLLYBROOK BLVD.**
CITY-ST-ZIP **PEMBROKE PINES FL**

NAME ☐ Change ☐ Addition
STREET ADDRESS **700008336017--5**
CITY-ST-ZIP **-10/11/02--01059--031**
******750.00 ****750.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

SIGNATURE:

Betty B. Doyle **REQUIRED**

8-16-02 954 437-7987

CR2E034 (4/02)

UBR/UBR

FILED

02 OCT -7 PM 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE