2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # L84958** Jan 27, 2000 8:00 am **Secretary of State** ELLISON INVESTIGATIVE AGENCY, INC. 01-27-2000 90084 036 ***150.00 Principal Place of Business Mailing Address 1819 GLENGARY ST. 1819 GLENGARY ST. SARASOTA FL 34231-3603 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Nümber City & State City & State 65-0268044 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DESJARLAIS, MARY LYNN ESQ 8075 S. BENEVA RD. #5_ 7029 A South Tamiani To Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34230 34231 Zip Code ement for the purgose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Delete Addition TITLE V TITLE ELLISON, JIM NAME NAME Janick, Ron STREET ADDRESS 4477 WHITE CEDAR TRAIL STREET ADDRESS P.O. Box 17902 CITY-ST-ZIP SARASOTA FL 34238 CITY-ST-ZIP Sarasota, FL 34276 ☐ Change Addition Delete TITLE TITLE WINTERS, MARK NAME 8021,55TH,STREET, E. STREET ADDRESS STREET ADDRESS. CITY-ST-7IP PALMETTO FL 34221 CITY-ST-ZIP PST Change ☐ Addition ☐ Delete TITLE YOUNG, TERRY NAME NAME Young, Terry c/o Aero Investigation 118 W. FIRST ST STREET ADDRESS STREET ADDRESS 118 West 1st Street, Suite 730 CITY-ST-ZIP DAYTON OH CITY-ST-ZIP <u>Dayton, OH 45402</u> ☐ Delete ☐ Addition TITLE ☐ Change TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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.

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SIGNATURE: SIGNATURE: Discourse and Typed on Affirmed Name of Signing Officer on Director