

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M88133

1. Corporation Name

STATEWIDE INVESTIGATIONS, INC.

Principal Place of Business

21101 NW86 ST  
MICANOPY FL 33667  
US

Mailing Address

21101 NW 86 ST  
MICANOPY FL 33667  
US

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90020 027 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1988

4. FEI Number

65-0085613

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 233 N Federal Hwy

2a. Mailing Address

26 P.O. Box 246

Suite, Apt. #, etc.

22 Suite # 49

Suite, Apt. #, etc.

27

City & State

23 DANIA, Florida

City & State

28 DANIA, FL

Zip Country

24 33004 25

Zip Country

29 33004 30

9. Name and Address of Current Registered Agent

TONI SERPE  
21101 NW 86TH ST  
MICANOPY FL 33667

81 Name

DeAnna Baker

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

233 N Federal Hwy #49

83

84 City

DANIA

FL

85 Zip Code

33004

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-29-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME PVST  
STREET ADDRESS TONI SERPE  
CITY-ST-ZIP 8555 NW 210 ST  
MICANOPY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☒ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*DeAnna Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99  
Date

954 923 8900  
Daytime Phone #

CR2E034 (11/98)