

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90123 015 ***150.00

DOCUMENT # M88258

1. Entity Name
FACT FINDERS INVESTIGATIVE SERVICE, INC.



Principal Place of Business
**907 TREE GARDEN DRIVE
PORT ORANGE FL 32127**

Mailing Address
**P.O. BOX 290068
PT. ORANGE FL 32129**

2. Principal Place of Business

2115 WEST POINSETTIA DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State
PORT ORANGE FL

City & State

4. FEI Number
59-2893014

Applied For
Not Applicable

Zip
32128

Country
VOLUSIA

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BEARDSLEE, JANE K
907 TREE GARDEN DR
PT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name
JANE K. BEARDSLEE

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

2115 WEST POINSETTIA DRIVE

City **PORT ORANGE FL** Zip Code **32128**

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

**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 **P** ☐ Delete
NAME **BEARDSLEE, JANE K.**
STREET ADDRESS **907 TREE GARDEN DR**
CITY-ST-ZIP **PT ORANGE FL**

TITLE **V** ☐ Delete
NAME **BEARDSLEE, DONALD R.**
STREET ADDRESS **907 TREE GARDEN DRIVE**
CITY-ST-ZIP **PORT ORANGE FL**

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 **P** ☒ Change ☐ Addition
NAME **BEARDSLEE, JANE K.**
STREET ADDRESS **2115 WEST POINSETTIA DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE **V** ☒ Change ☐ Addition
NAME **BEARDSLEE, DONALD R.**
STREET ADDRESS **2115 WEST POINSETTIA DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-03 (386) 323-7728

Date

Daytime Phone #

CR2E034 (10/02)