

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005921

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA BOARD OF CERTIFIED INVESTIGATORS, INC.

Current Principal Place of Business:

1319 MONTEGO LANE
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

PO BOX 570201
ORLANDO, FL 328570201

New Mailing Address:

FEI Number: 59-3706656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORTON, MICHELLE M
1319 MONTEGO LANE
ORLANDO, FL 32807

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MORTON, MICHELLE M
Address: 1319 MONTEGO LANE
City-St-Zip: ORLANDO, FL 32807

Title: TD () Delete
Name: STRUGEON, DEBORAH L
Address: 4652 COVENTRY COURT
City-St-Zip: ORLANDO, FL 32812

Title: SD () Delete
Name: ROSADO, LUIS III
Address: 8920 PINE ISLAND RD
City-St-Zip: CLEARMONT, FL 34711

Title: D () Delete
Name: CHURCH, JAMES D
Address: 223 SON KEEN ROAD
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: SENNEFF, STUART A JR
Address: 5390 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: HARRIS, RICHARD P
Address: 14027 SYCAMORE TREE DRIVE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MORTON, MICHELLE M
Address: 1319 MONTEGO LANE
City-St-Zip: ORLANDO, FL 32807

Title: TD (X) Change () Addition
Name: STURGEON, DEBORAH L
Address: 4652 COVENTRY COURT
City-St-Zip: ORLANDO, FL 32812

Title: CD (X) Change () Addition
Name: ROSADO, LUIS III
Address: 8920 PINE ISLAND RD
City-St-Zip: CLEARMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KINCAID, PHILIP C
Address: P.O. BOX 291057
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE M. MORTON

D

05/01/2002

Electronic Signature of Signing Officer or Director

Date

GRACE M. LEIBOLT, DIRECTOR
P.O. BOX 161510
ALTAMONTE SPRINGS, FL 32716

ROLAN M. PEAK, DIRECTOR
P.O. BOX 9949
PANAMA CITY, FL 32417

ELLIOT A. COHEN, DIRECTOR
P.O. BOX 1423
EUSTIS, FL 32727

MICHAEL N. MATTIA, DIRECTOR
P.O. BOX 2244
TARPON SPRINGS, FL 34688

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