

2002 UNIFORM BUSINESS REPORT (UBR)

000479

DOCUMENT # N27099

1. Entity Name

PRIVATE INVESTIGATOR'S ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

4652 COVENTRY COURT
ORLANDO FL 32812

Mailing Address

4652 COVENTRY COURT
ORLANDO FL 32812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STURGEON, DEBORAH
4652 COVENTRY COURT
ORLANDO FL 32812

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

Deborah L. Sturgeon

(NOTE: Registered Agent signature required when reinstating)

DATE

10-15-02

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MORTON, MICHELLE M
STREET ADDRESS 1319 MONTEGO LN
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900009556759
CITY-ST-ZIP 12/17/02--01022--015 **245.00

TITLE VPD
NAME MOODY, SHELLEY A
STREET ADDRESS 4372 SHADOW CREST PL
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

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

TITLE TD
NAME BEERS, TERESA
STREET ADDRESS 851 TRAFALGAR CT
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

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

TITLE SD
NAME LEIBOLT, GRACE
STREET ADDRESS 816 PINE SHADOW DR
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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

Michelle M. Morton

11-10-02

407-

282-5934

CR2E037 (4/02)