2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 29 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700023402417
09/29/03--01071--015 **236.25

DOCUMENT # N27099

1. Entity Name
PRIVATE INVESTIGATOR'S ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4652 COVENTRY COURT ORLANDO, FL 32812	4652 COVENTRY COURT ORLANDO, FL 32812

CHECK HERE IF MAKING CHANGES ☐

2. Principal Place of Business	3. Mailing Address
PO BOX 12483	PO BOX 12483
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE	City & State: TALLAHASSEE
Zip: 32317 Country	Zip: 32317 Country

4. FEI Number: 59-3016012 ☐ Applied For ☐ Not Applicable

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

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: ANTHONY BONACUM Street Address (P.O. Box Number is Not Acceptable): 4935 SOUTHWIND DR City: MULBERRY FL Zip Code: 33860

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: Anthony Bonacum ANTHONY BONACUM VP 9-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW. FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORTON, MICHELLE M 1319 MONTEGO LN ORLANDO, FL 32807	☒ Delete	P PRESIDENT HAMILTON, JAMES 326 LAUREL OAK WAY JUPITER, FL 33458	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MOODY, SHELLEY A 4372 SHADOW CREST PL ORLANDO, FL 32811	☐ Delete	VP MCDANIEL, GARY PO BOX 14943 NORTH PALM BEACH, FL 33408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEERS, TERESA 851 TRAFALGAR CT MAITLAND, FL 32751	☒ Delete	T EVAN M BALASH 8895 MILITARY TRL 206-C PALM BEACH GARDENS FL 33410	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEIBOLT, GRACE 816 PINE SHADOW DR APOPKA, FL 32712	☐ Delete	S ROSADO, LUIS PO BOX 120647 CLERMONT FL 34712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP BONACUM, ANTHONY 4935 SOUTHWIND DR MULBERRY FL 33860	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP DAVIS, THOMAS PO BOX 16118 PLANTATION FL 33318	☐ Change ☒ Addition

CR2E037 (10/02)

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: Anthony Bonacum VP ANTHONY BONACUM 9-22-03 863-647-4503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JP 9/30