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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am DOCUMENT # P00000113321 **Secretary of State** SEARCH INVESTIGATIONS, INC. 03-29-2001 90357 042 ***158.75 Principal Place of Business Mailing Address 133 N 13TH ST 133 N 13TH ST LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip . Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIERCE, LAWRENCE C----Street Address (P.O. Box Number is Not Acceptable) 133 N 13TH ST LANTANA FL 33462 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition TITLE ☐ Defete TITLE PIERCE, LAWRENCE C NAME NAME STREET ADDRESS STREET ADDRESS 133 N 13TH ST CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 ☐ Change ☐ Addition TITLE ☐ Detete NAME PIERCE, LISA C STREET ADDRESS STREET ADDRESS 133 N 13TH ST CITY-ST-ZIP CITY-ST-ZIP Lantana FL 33462 ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE --- Delete TITLE ' NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 eath; 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPES OR DENITTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Dayling Phone #