

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000113893**1. Entity Name
INVESTIGATIVE SERVICES OF JACKSONVILLE INC.Principal Place of Business
9951 ATLANTIC BLVD., SUITE 431
JACKSONVILLE FL 32225Mailing Address
9951 ATLANTIC BLVD., SUITE 431
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3694697

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHEPPARD LAWRENCE R
9951 ATLANTIC BLVD.
SUITE 431
JACKSONVILLE FL 32225 US

7. Name and Address of New Registered Agent

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.

SIGNATURE **LAWRENCE R. SHEPPARD****04/20/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE | D | <input type="checkbox"/> Delete |
|----------------|----------------------------|---------------------------------|
| NAME | ORSO GERALD P | |
| STREET ADDRESS | 8787 SOUTHSIDE BLVD. #5810 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BATEH SAM K | |
| STREET ADDRESS | 8787 SOUTHSIDE BLVD. #5810 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHEPPARD LAWRENCE R | |
| STREET ADDRESS | 8787 SOUTHSIDE BLVD. #5810 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|-------------------------------|--|-----------------------------------|
| NAME | ORSO GERALD P | | |
| STREET ADDRESS | 9951 ATLANTIC BLVD. SUITE 431 | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | | |
| TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BATEH SAM K | | |
| STREET ADDRESS | 9951 ATLANTIC BLVD SUITE 431 | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | | |
| TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SHEPPARD LAWRENCE R | | |
| STREET ADDRESS | 9951 ATLANTIC BLVD. SUITE 431 | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lawrence R. Sheppard**

D

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)