

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90036 011 \*\*\*150.00

SECRETARY OF STATE

**DOCUMENT # P00000116089**

1. Entity Name  
**ACCU-FACTS INVESTIGATIONS, INC.**

Principal Place of Business      Mailing Address

**908 ALLEGRO LN**      **6418 US HWY 41 NO #208**  
**APOLLO BEACH FL 33572**      **APOLLO BEACH FL 32572-1803**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**6022 US HWY 41 NO. #208**  
**APOLLO BEACH, FL**  
**33572 USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For

**59-3703406**      Not Applicable

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

    

6. Name and Address of Current Registered Agent

**GARTZEN, JAMES V**  
**908 ALLEGRO LN**  
**APOLLO BEACH FL 33572**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	GARTZEN, JAMES V	
STREET ADDRESS	908 ALLEGRO LN	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MUCHBERG, JOHN	
STREET ADDRESS	6518 SANTIAGO CT	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER THOMAS	
STREET ADDRESS	4306 ELTON PLACE	
CITY-ST-ZIP	VALRICO, FL 33594	
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)(f), 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: *James V Gartzzen*      **JAMES V GARTZEN**      4/15/02      813-64-8080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)