

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90134 021 ***150.00

DOCUMENT # P00000116563

1. Entity Name
ASSURANCE INVESTIGATIVE SERVICES, INC.

Principal Place of Business

~~550 SOUTH WEST 9TH AVE.~~

~~BOCA RATON FL 33486~~

2925 TENTH AVE. North
Suite 302
Lake Worth, FL 33461

Mailing Address

550 SOUTH WEST 9TH AVE.

BOCA RATON FL 33486

2. Principal Place of Business

2925 TENTH AVE. North

Suite, Apt. #, etc.

Suite 302

City & State

LAKE WORTH, FL

Zip

33461

Country

USA

3. Mailing Address

2925 TENTH AVE. NORTH

Suite, Apt. #, etc.

Suite 302

City & State

LAKE WORTH, FL

Zip

33461

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1066500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALMON, DAVID J

550 SOUTH WEST 9TH AVE.

BOCA RATON FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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, 2002 Fee will be \$650.00~~

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00 May Be

~~Trust Fund Contribution~~ ☐ ~~Added to Fees~~

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SALMON, DAVID J**
STREET ADDRESS **550 SOUTH WEST 9TH AVE.**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **VD** ☐ Delete
NAME **GROELLE, ROBERT C**
STREET ADDRESS **879 LEMONGRASS LANE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 info empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

561 304 1488

Daytime Phone #

CR2E034 (9/01)