## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P00000116563 **DOCUMENT #**

1. Entity Name

ASSURANCE INVESTIGATIVE SERVICES, INC.



**FILED** Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90167 025 \*\*\*150.00

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282 TENTH AVE NORTH STE 302 LAKE WORTH R. 39461  2. Principal Piace of Business  Suite, Apr. #, etc.  Suite, Apr.	A000117414	oe water out the	<b>5_0</b> ,						
2. Milling Address Suite, Apt. 4, etc.   Guide, Apt. 4, etc.   Gui	Principal Place of Business 2925 TENTH AVE . NORTH STE 302 LAKE WORTH FL 33461		2925 TENTH AVE . NORTH STE 302						
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  A FEI Number 65-1066500  Read Application  Set 7, Manne and Address of Current Registered Agent  To Name and Address of Current Registered Agent  To Name and Address of New Registered Agent  Name  SALMON, DAVID Jung  Stroot Address (P.O. Box Number is Not Acceptable)  Stroot Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Now, In the State of Florida, I am familist with, and accept the abbligations of registered agent, or both, in the State of Florida, I am familist with, and accept the abbligations of registered agent, or both, in the State of Florida, I am familist with, and accept the abbligations of registered agent, or both, in the State of Florida, I am familist with, and accept the abbligations of registered agent, or both, in the State of Florida, I am familist with, and accept the abbligations of registered agent, or both, in the State of Florida, I am familist with, and accept the abbligations of registered agent, or both, in the State of Florida, I am familist with, and accept the abbligations of registered agent, or both, in the State of Florida, I am familist with, and accept the abbligations of registered agent, or both, in the State of Florida, I am familist with, and accept the abbligations of registered agent, or both, in the State of Florida, I am familist with, and accept the abbligations of Florida, I am familist with, and accept the abbligations of Florida, I am familist with, and accept the abbligations of Florida, I am familist with, and accept the abbligations of Florida, I am familist with, and accept the abbligations of Florida, I am familist with, and accept the abbligations of Florida, I am familist	2. Principal P	ace of Business	3. Mailing Address		- -				
Section   Sect	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
S. CHIN ILLER OF BEGINNERS  SALMON, DAVID J. T. S. SALMON, DAVID J. S. SALMON, S. S	City & State		City & State		4. FEI Number 65-1066500		_		
SALMON, DAVID Jack SSO SOUTH WEST 9TH AVE. BOCA RATON FL 33486  6. The adjove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Delation of Registered agent, or both, in the State of Florida Delation of Registered agent, or both, in the State of Florida Delation of Registered agent, or both, in the State of Florida Delation of Registered agent	Zip	Country	Zip	Country		5. Certificate of Status Desired			
SALMON, DAVID J		- 6 Name and Address of Current	Registered Agent ==			7. Name and Address of New Rec	istered Agen	t	
SSO SOUTH WEST 9TH AVE.  BOCA RATON FL. 33466  City FL Zip Code  C		U. Hallo Discourse and the second sec		Name					
BOCA RATON FL 33486  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. 1 am familiar with, and accept the chigadians of registered agent.  SIGNATURE  Synthe, typed or prime name of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 [Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  NAME  SALMON, DAVID J  STRET ADDRESS  CITY-ST-2P  BOCA RATON FL 93486  CITY-ST-2P  TITLE  VD  GROELLE, ROBERT C  SIRET ADDRESS  CITY-ST-2P  TITLE  Delate  TITLE  MAKE  SIRET ADDRESS  CITY-ST-2P  TITLE  MAKE  SIRET ADDRESS			Street	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Types or primed name of registered agent.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  MAME  SIREE ADDRESS  OFFI-ST-2P  VD  GROELE, ROBERT C  SIREE ADDRESS  OFFI-ST-2P  WELLINGTON FL 39444  ITILE  NAME  SIREE ADDRESS  OFFI-ST-2P  ORGELE, ROBERT C  SIREE ADDRESS  OFFI-ST-2P  ORGELE ADDRESS  ORGELE AD		• • • • • • • • • • • • • • • • • • • •				All			
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    Signature types or private name of registered agent and talle if applicable   PAOTE Registered Agent (agrature required when remutative)   DATE	BUCA RA	UN FL 33486				<u></u>			
SIGNATURE   Signalum. Injection of registered agent and title il applicable.   NOTE: Registered Agent signalum required minor extragement of registered agent and title il applicable.   NOTE: Registered Agent signalum required minor extragement of registered agent and title il applicable.   NOTE: Registered Agent signalum required minor extragement of registered agent and title il applicable.   S. Election Campaign Financing   S.5.00 May Be Added to Fees				City			• FL   •	Zip Code	9
FILE NOW!! FEEL IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PD SALMON, DAVID J SIREIT ADDRESS 550.80 May Be Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  SALMON, DAVID J SIREIT ADDRESS 550.80 May Be Added to Fees Added to Fees Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  SALMON, DAVID J SIREIT ADDRESS 550.80 May Be Added to Fees Added to F			or the purpose of changing its	s registered office	or registe	red agent, or both, in the State of Flori	da. I am famil	iar with,	and accept
Atter May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent sig	nature required	d when reinstating)	DATE		
TITLE NAME SALMON, DAVID J STREET ADDRESS STORE SOUTH WEST 9TH AVE.  BY SOUTH AVE NORTH, Suite 30 2  BY SOUTH AVE NORTH AVE NORTH AVE NORTH AV	Afte	May 1, 2003 Fee will be \$550.00	of State			Trust Fund Contribution.		Added	to Fees
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12. Thereby 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						140 07(0V) Florido District	Continue = = = = = = = = = = = = = = = = = = =		nformation

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**: