

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

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

08-29-2002 90006 026 \*\*\*150.00

DOCUMENT # **P01000101444**

1. Entity Name

**Investigative Professionals, Inc.**

**DO NOT WRITE IN THIS SPACE**

**977424**

2. Principal Place of Business

**562 Heatherton Village**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 161831**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Altamonte Springs, FL.**

City & State

**Altamonte Springs, FL.**

4. FEI Number

**01-0569994**

Applied For

Not Applicable

Zip

**32714**

Country

**Seminole**

Zip

**32716-1831**

Country

**Seminole**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Teresa Beers**

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

**562 Heatherton Village**

City

**Altamonte Springs, FL**

Zip Code

**32714**

**DO NOT WRITE  
IN THIS SPACE**

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

**Teresa A Beers**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/15/02**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.

(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **P/V/T/S**  
NAME **Teresa Beers**  
STREET ADDRESS **562 Heatherton Village**  
CITY-ST-ZIP **Altamonte Springs, FL. 32714**

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IN THIS SPACE**

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

SIGNATURE

**Teresa A Beers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/15/02 (407)383-7378**

Date

Daytime Phone #

CR2E034B (12/01)

From: Investigative Professionals, Inc  
P.O. Box 161831 Attachment  
Altamonte Springs, FL 8/26/02  
32716 977424

PO 000101414

Dept of State, Div. of Corporations:

I have a New Business and was NOT aware, until recently, that I had to complete an Uniform Business Report.

Upon finding out that this is required annually, I contacted Jo in the Div. of Corporations.

I explained that I had not received any forms to complete and requested that one be mailed to me. She advised me to complete and return it with a check in the amount of \$150<sup>00</sup> along with this letter of explanation.

Enclosed please find my check and UBR. I apologize for the delay and will make sure all future correspondence/reports are completed in a timely manner. I appreciate your consideration in this matter.

Best Regards,  
Terisa Beers