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

FILED

DOCUMENT #

P01-000121611

1. Entity Name

Courthouse

Investigative Agency, Inc.

02 OCT 21 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8905 NW 53 ST

Suite, Apt. #, etc.

3. Mailing Address

934 N. UNIVERSITY DR

Suite, Apt. #, etc.

#406

DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

01-0555538

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

33071

Country

USA

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

HILTON P. THOMAS

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

8905 NW 53 ST.

City

SUNRISE, FL

FL

Zip Code

33351

**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

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

(NOTE: Registered Agent signature required when reinstating)

10/18/02

DATE

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
HILTON P. THOMAS  
8905 NW 53 ST.  
SUNRISE, FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600008510676  
10/22/02--01050--001 \*\*150.00

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CITY-ST-ZIP

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/02

Date

Daytime Phone #

CR2E034B (12/01)

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10/1/02

TO WHOM IT MAY CONCERN,

I HICTON THOMAS OWNER  
OF COURTHOUSE INVESTIGATIVE AGENCY, INC. HAVE NEVER  
RECEIVED 2002 RENEWAL FORM & WAS NOT AWARE  
OF THE FILING DATE. I WILL NEVER MAKE THIS MISTAKE  
AGAIN. PLEASE EXCUSE ME & WAIVE THE LATE FEE DUE  
TO IT BEING MY FIRST TIME. ENCLOSED YOU WILL FIND  
A MONEY ORDER IN THE AMOUNT OF \$150.00. IF YOU  
HAVE ANY QUESTIONS PLEASE FEEL TO CONTACT ME AT  
(754) 368-0001

THANK YOU!

SINCERELY

