

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90973 032 ***150.00

DOCUMENT # P02000107239

1. Entity Name
ABOVE & BEYOND PROCESS INVESTIGATIONS, INC.



Principal Place of Business
**3367 CIMARRON DRIVE
ORLANDO FL 32829**

Mailing Address
**3367 CIMARRON DRIVE
ORLANDO FL 32829**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1651620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name
MARIE T. GODFREY

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

3367 CIMARRON DR

City
ORLANDO

FL

Zip Code
32829

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 *Marie T. Godfrey*

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

MARIE T. GODFREY

(NOTE: Registered Agent signature required when reinstating)

DATE **02/25/03**

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD GAGLIANI, LAURENCE P**
STREET ADDRESS **3367 CIMARRON DRIVE**
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE ☐ Delete
NAME **VD EDWARDS, ROCK S**
STREET ADDRESS **3367 CIMARRON DRIVE**
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE ☐ Delete
NAME **S GODFREY, MARIE T**
STREET ADDRESS **3367 CIMARRON DRIVE**
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE ☐ Delete
NAME **I EDWARDS, TRESA L**
STREET ADDRESS **3367 CIMARRON DRIVE**
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurence P. Gagliani

2/25/03

Date

407-382-5020

Daytime Phone #

CR2034 (10/02)