

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

**FILED
Mar 02, 2005 8:00 am
Secretary of State**

03-02-2005 90078 007 ***150.00

DOCUMENT # P04000102508	
1. Entity Name	
EYE IN THE SKY INVESTIGATIONS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4708 MERLIN CR.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DADE CITY, FL		City & State	
Zip 33523	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3160397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CASSANDRA SELVAGE	
Street Address (P.O. Box Number is Not Acceptable) 4708 MERLIN CR	
City DADE CITY	FL
Zip Code 33523-9176	

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 *Cassandra Selvage*

2/28/05

Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME CASSANDRA SELVAGE
STREET ADDRESS 4708 MERLIN CR.	
CITY-ST-ZIP DADE CITY, FL 33523-9176	

11.

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Cassandra Selvage* CASSANDRA SELVAGE, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2005
Date

352-797-0374
Daytime Phone #