2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P93000021284 1. Entity Name GLOBAL INVESTIGATIONS AND CHECKMATE BACKGROUNDS. 04-30-2001 90058 036 ***150.00 Principal Place of Business Mailing Address 326 PLANT AVE. S. PO BOX 270208 TAMPA FL 33606 TAMPA FL 33688 CITATARIO us HS 2. Principal Place of Business 3. Mailing Address Bridgewater Ln Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3168870 TAMPA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Ilsborough Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER BAKER, EARL L 326 PLANT AVE. S. **TAMPA FL 33606** 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 (NOTS: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PT 💢 Change Delete Addition TITLE TITLE BAKER, EARL L. BAKER, EARL L NAME NAME 15912 BRIDGEWATER LANE STREES ADDRESS 326 PLANT AVE. S. STREET ADDRESS. CITY-ST-7iP CITY - ST - ZIP TAMPA FL 33606 TAMPA 74 33624 **X**tinange ٧S TITLE ☐ Delete TITLE Addition HALLIBURTON, THOMAS C. 15912 BRIDGEWATER LANE TAMPA FL 33624 HALLIBURTON, THOMAS C NAME NAME STREET ADDRESS STREET ADDRESS 326 PLANT AVE. S. CITY-ST-ZIP CITY-ST-ZIE TAMPA FL 33606 TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITLE ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

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NAME

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NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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GIGNATURE Jos C. Hallibutton, V.P.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

4-24-0

(813) 258.0425

Daytime Phone #

☐ Change

Change

Addition

Addition

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