

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90001 022 \*\*\*158.75

DOCUMENT # **P93000048990**  
1. Entity Name  
**NATIONAL SECURITY and INVESTIGATIVE Agency INC**Principal Place of Business  
**258 W.S.R. 434**  
**SUITE B**  
**Longwood FL 32750**  
Mailing Address  
**258 W.S.R. 434**  
**SUITE B**  
**Longwood, FL 32750**2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**593317630**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**KLINCKO, DONALD R**  
**703 MEREDITH ST.**  
**FERN PARK, FL 32730**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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  
**CPD**  
**KIHM, John B**  
**5126 VENICE BLVD**  
**LOS ANGELES, CA**  
☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/12/00 407 339 6147**

CR2E034 (9/99)