2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90026 017 ***158.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000009955

1. Entity Name

INFORMATION RESEARCH AND INVESTIGATIVE SERVICES,

Principal Place of Business	Mailing Address
4604 SW BERMUDA WAY PALM CITY FL 34990 US	4604 SW BERMUDA WAY PALM CITY FL 34990-1226 US

2. Principal Place of Business	3. Mailing Address
1110 S.W. WHISPERRIDGE TRAIL	1110 S.W. WHISPER RIDGE TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM CITY, FLORIDA	City & State: PALM CITY, FLORIDA
Zip: 34990 — Country: MARTIN	Zip: 34990 — Country: MARTIN

4. FEI Number 65-0464359 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLLACK, IAN 20290 N.W. 14TH ST. PEMBROKE PINES FL 33029	Name: IAN POLLACK Street Address (P.O. Box Number is Not Acceptable): 1110 S.W. WHISPER RIDGE TRAIL City: PALM CITY FL Zip Code: 34990

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] 3-14-00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLLACK, IAN 20290 N.W. 4TH STREET PEMBROKE PINES FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IAN POLLACK 1110 S.W. WHISPER RIDGE TRAIL PALM CITY, FLORIDA 34990 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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] 3-14/00 561-219 7472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #