

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000030523

1. Entity Name

THE CONTEMPORARY INVESTIGATION AGENCY, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90071 038 \*\*\*550.00

Principal Place of Business

846 KINGSBRIDGE DRIVE  
 OVIEDO FL 32765

Mailing Address

PO BOX 622464  
 OVEIDO FL 32762-2464  
 US

2. Principal Place of Business

1478 TOWHEE RUN

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO, FL

City & State

4. FEI Number

59-3243842

Applied For

Not Applicable

Zip

32765

Country

SEMINOLE

Zip

Country

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

MILLER, BILLY H  
 846 KINGSBRIDGE DRIVE  
 OVIEDO FL 32765

Name

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

1478 TOWHEE RUN

City

OVIEDO

FL

Zip Code  
 32765

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

*Billy H Miller*

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

(NOTE: Registered Agent signature required when reinstating)

5/15/2000

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 ☐ Delete  
 NAME D  
 STREET ADDRESS MILLER, BILLY H  
 CITY-ST-ZIP 846 KINGSBRIDGE DRIVE  
 OVIEDO FL 32765

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1478 TOWHEE RUN  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 all other like empowered.

SIGNATURE:

*Billy H Miller* BILLY H MILLER  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/2000

Date

407-977-0825

Daytime Phone #

CR2E034 (9/99)