

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90034 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063123

1. Entity Name

FUNKE INVESTIGATIVE SERVICES, INC.

Principal Place of Business

760 US HIGHWAY 1 STE. 204
NORTH PALM BEACH FL 33408

Mailing Address

POST OFFICE BOX 240
JUPITER FL 33468

B0058687



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8391 150TH COURT NORTH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

4. FEI Number

59-3267512

Applied For

Not Applicable

Zip
33418

Country

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

FUNKE, STEPHANIE M

760 US HIGHWAY 1 STE. 204
NORTH PALM BEACH FL 33408

Name

STEPHANIE M. FUNKE

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

8391 150TH COURT NORTH

City

PALM BEACH GARDENS

FL

Zip Code

33418

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

STEPHANIE M. FUNKE

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, 2002 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 P
NAME FUNKE, STEPHANIE M ☐ Delete
STREET ADDRESS 760 US HIGHWAY 1 STE. 204
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE P ☒ Change ☐ Addition
NAME STEPHANIE M. FUNKE
STREET ADDRESS 8391 150TH COURT NORTH
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

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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TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)