

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092245

1. Entity Name

INTREPID INVESTIGATION SERVICE, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90106 005 \*\*\*150.00

Principal Place of Business

Mailing Address

2139 UNIVERSITY DR  
CORAL SPRINGS FL 33071

2139 UNIVERSITY DR  
CORAL SPRINGS FL 33071-6134

2. Principal Place of Business

3. Mailing Address

1010 Coral Ridge Drive

1010 Coral Ridge Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Coral Springs FL

Coral Springs, FL

Zip

Country

33071

USA

Zip

Country

33071

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0543823

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

ZEIDNER, LLOYD

2139 UNIVERSITY DR

CORAL SPRINGS FL 33071

Name

Zeidner Lloyd

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

1010 Coral Ridge Drive

City

Coral Springs

FL

Zip Code

33071

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 Lloyd N. Zeidner

(NOTE: Registered Agent signature required when restate)

3/24/00

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 \$150.00**  
**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 ZEIDNER, LLOYD  
STREET ADDRESS 2139 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

TITLE P  
NAME Zeidner, Lloyd  
STREET ADDRESS 1010 Coral Ridge Drive  
CITY-ST-ZIP Coral Springs, FL 33071

☒ Change ☐ Addition  
of address

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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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 #

3/24/00 (954) 344-8269

CR2E034 (9/99)