

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000092245

1. Entity Name

Intrepid Investigation Service, Inc.



**FILED  
Mar 20, 2003 8:00 am  
Secretary of State**

03-20-2003 90158 002 \*\*\*150.00

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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2141 N. University Dr.  
Suite, Apt. #, etc.  
Ste. 171  
City & State  
Coral Springs, FL  
Zip  
33071  
Country  
USA

3. Mailing Address  
2141 N. University Dr.  
Suite, Apt. #, etc.  
Ste. 171  
City & State  
Coral Springs, FL  
Zip  
33071  
Country  
USA

4. FEI Number  
65-0543823  
Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/17/2003

January 1, May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution  
 \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered

SIGNATURE: *Lloyd N. Zeidner* *Lloyd N. Zeidner* *03/17/2003 (954)537-3775*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)