

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

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

03-20-2003 90158 002 ***150.00

DOCUMENT # **P94000092245**

1. Entity Name

Intrepid Investigation Service, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2141 N. University Dr.

2141 N. University Dr.

Suite, Apt. #, etc.

Ste. 171

Suite, Apt. #, etc.

Ste. 171

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

4. FEI Number

65-0543823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lloyd Zeidner

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

2141 N. University Dr. #171

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

SIGNATURE

Lloyd N. Zeidner

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

**P
Zeidner, Lloyd
2141 N. University Dr. #171
Coral Springs, FL 33071**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/2003 (954)537-3725

Date

Daytime Phone #

CR2E034B (12/02)