

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2001 8:00 am**  
**Secretary of State**

07-16-2001 90001 026 \*\*\*150.00

**DOCUMENT # P95000029901**

1. Entity Name  
**INVESTIGATIONS & PROTECTIVE SERVICES, INC.**



Principal Place of Business  
**2231 HOLLYWOOD BLVD**  
**HOLLYWOOD FL 33020**  
**US**

Mailing Address  
**2231 HOLLYWOOD BLVD**  
**HOLLYWOOD FL 33020**  
**US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0365347**

Applied For

Not Applicable

Zip

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

**PHILBRICK, WALTER F**  
**2231 HOLLYWOOD BLVD**  
**2019 HOLLYWOOD BLVD**  
**HOLLYWOOD FL 33020**

Name

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

City

**FL**

Zip Code

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSD**  
**PHILBRICK, WALTER F**  
**2231 HOLLYWOOD BLVD**  
**HOLLYWOOD FL 33020** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**07/05/01**

CR2E034 (5/01)

Attachments  
# P95000029901 A0077315

**IPS**



**INVESTIGATIONS &  
PROTECTIVE  
SERVICES, INC.**

INVESTIGATIONS • SECURITY • BODYGUARD • SURVEILLANCES

July 5, 2001

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern,

Per my conversation today with Scott, enclosed please find UBR Documents P95000029901, G51839, and P97000096334 for my corporations, Investigations & Protective Services, Inc., International Protective Services, Inc., and International Biohazard Services, Inc. On April 20, 2001, a fire occurred and destroyed many of our documents including these forms. I have enclosed a picture of the destruction along with a copy of the insurance claim summary. Immediately upon receipt of the enclosed forms, I am returning them signed with the regular processing fee.

I am requesting the \$400 late fee per corporation be waived since the delinquency was unintentional and not preventable. The fire has had a significant impact upon my businesses and these late fees will only add to my injuries.

Thank you in advance for your understanding and compassion in this situation. Please contact me directly if I can be of any assistance.

Sincerely,

*Walter Philbrick*

Walter Philbrick  
President/Owner  
International Protective Services, Inc.  
Investigations & Protective Services, Inc.  
International Biohazard Services, Inc.

# Claim Summary

Claim # 29100410

## IAS Claim Services, Inc.

### Adjuster

WARREN APLIN

May 18, 2001

Phone (954) 341-7867

5951 NW 65th Ct

Parkland, FL 33067

Fax (954) 575-9849

Phone (954) 341-7867 Fax (954) 575-9849

Insured Name Philbrick, Walter

Address 2231 Hollywood Blvd., Hollywood, FL 33020

Phone Number (954) 931-1520

Policy # CP200594

Other Phone

Ins Claim # 960669

Date of Loss 4/20/01

Ins Company Empire Fire & Marine

### Coverage A - Building

	Repl. Cost	Depr.	ACV
Estimate Totals	\$101,371.93	\$0.00	\$101,371.93
Contractor's Overhead & Profit (20%)	\$20,274.39	\$0.00	\$20,274.39
Total With Overhead & Profit	\$121,646.32	\$0.00	\$121,646.32
Less Deductible Applied	(\$1,000.00)		(\$1,000.00)
Coverage A - Building Claim	\$120,646.32	\$0.00	\$120,646.32

### Summary: Claim # 29100410

	Repl. Cost	Depr.	ACV
Estimate Totals	\$101,371.93	\$0.00	\$101,371.93
Contractor's Overhead & Profit (20%)	\$20,274.39	\$0.00	\$20,274.39
Total With Overhead & Profit	\$121,646.32	\$0.00	\$121,646.32
Less Deductible Applied (\$1,000.00 Maximum)	(\$1,000.00)		(\$1,000.00)
Net Claim	\$120,646.32	\$0.00	\$120,646.32

NOTICE: This is a repair only. The insurance policy may contain provisions that will reduce any payments that might be made. This is not an authorization to repair. Authorization to repair or guarantee of payment must come from the owner of the property. No adjuster or appraiser has the authority to authorize repair or guarantee payment. The insurer assumes no responsibility for the quality of repairs that might be made.