

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90057 020 \*\*\*150.00

**DOCUMENT # P95000092734**

1. Entity Name

~~WALTERS INVESTIGATIVE AND GUARD SERVICE INCORPORATED~~

**FLORIDA PRIVATE INVESTIGATORS AGENCY, INC.**

Principal Place of Business

Mailing Address

~~18800 N.W. 2ND AVENUE, SUITE 114~~

~~MIAMI FL 33169~~

US

**99 NW 183 STREET SUITE 138**

**MIAMI, FL 33169**

POST OFFICE BOX 693216

MIAMI FL 33269

US

2. Principal Place of Business

3. Mailing Address

**99 NW 183 STREET**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**138**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0238598**

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

**WALTERS, EUSTACE**

**18800 N.W. 2ND AVENUE, SUITE 114**

**MIAMI FL 33269**

**99 NW 183 STREET SUITE 138**

**MIAMI, FL 33169**

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 \$150.00**  
**After MAY 1, 2001 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	<input type="checkbox"/> Delete
NAME	<b>WALTERS, EUSTACE</b>	
STREET ADDRESS	<b>18800 NW 2ND AVENUE, SUITE 114</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>WALTERS, EUSTACE</b>	
STREET ADDRESS	<b>19735 NW 13TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>99 NW 183 STREET</b>	
STREET ADDRESS	<b>SUITE 138 MIAMI, FL 33169</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**EUSTACE WALTERS**

Date

Daytime Phone #

**2/23/01 305653-1141**

CR2E034 (10/00)

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