

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92122 001 ***300.00

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DOCUMENT # **P95000092734**

1. Entity Name

FLORIDA PRIVATE INVESTIGATORS AGENCY, INC.



Principal Place of Business

**99 NW 183 STREET
SUITE 138
MIAMI FL 33169
US**

Mailing Address

**POST OFFICE BOX 693216
MIAMI FL 33269
US**

2. Principal Place of Business

3. Mailing Address

Suite-Apt.-#-etc.

Suite-Apt.-#-etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

65-0238598

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

**WALTERS, EUSTACE
99 NW 183RD 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. 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

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WALTERS, EUSTACE**
STREET ADDRESS **99 NW 183RD STREET, SUITE 138**
CITY-ST-ZIP **MIAMI FL 33169**

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

TITLE **S** ☐ Delete
NAME **WALTERS, EUSTACE**
STREET ADDRESS **19735 NW 13TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 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

1/07/03

Date

Daytime Phone #

CR2E034 (10/02)

ALL COUNTY SECURITY INC.
99 N.W. 183RD STREET, SUITE 138
P.O. BOX 693216
MIAMI, FLORIDA 33269
(305) 653-1141 Fax (305) 653-1786
May 2, 2003

Attachment

#P95000092734

55037720

Division of Corporation
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, Fl. 32302

To whom it may concern,

As per my telephone conversation with supervisor Robert, we are submitting our corporation report with the following reason: Please be advised that we have just discovered that the annual corporation filing that was due on or before 5/1/03 was not filed. We also are requesting a late fee waiver due to our accounts payable personnel who was terminated for embezzling funds from our corporation. We discovered a check in her drawer along with most of our bills including the uniform business corporation report. Please accept our sincere apology. We are grateful for your consideration and ask that you waive the late fee and issue us the 2003 corporation report due to the circumstances. Thank you in advance.

Sincerely,


Eustace Walters