

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000028781**1. Entity Name  
INTRACOASTAL DETECTIVE AGENCY INC.Principal Place of Business  
1550 NE 40 ST  
OAKLAND PARK FL 33334  
USMailing Address  
1511 E. COMMERCIAL BLVD  
81  
FT LAUDERDALE FL 33334  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

4. FEI Number  
**65-0746434**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**BAILEY VALERIE  
1550 NE 40 ST  
OAKLAND PARK FL 33334**7. Name and Address of New Registered Agent**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 \_\_\_\_\_ **02/01/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D BAILEY JASON	1550 NE 40 ST OAKLAND PARK	FL 33334	<input type="checkbox"/> Delete
	D BAILEY JARROD	1550 NE 40 ST OAKLAND PARK	FL 33334	<input type="checkbox"/> Delete
	SV BAILEY VALERIE	1550 NE 40TH ST OAKLAND PARK	FL 33334	<input type="checkbox"/> Delete
	PT BAILEY VALERIE	1550 N.E. 40TH ST OAKLAND PARK	FL 33334	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> 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: VALERIE BAILEY****PRES 02/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)