## - 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000028541, Jun 09, 2000 8:00 am INVESTIGATIONS GROUP INTERNATIONAL OF FLORIDA, INC. **Secretary of State** 06-09-2000 90029 024 \*\*\*150.00 Principal Place of Business Mailing Address 3306 S. ATLANTIC AVE. DAVTONA BEACH. FL 32118 2. Principal Place of Business 3. Mailing Address 3306 S ATIANTICAU€. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For DAYTONA BEACH, FL 59-3524081 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 32118 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PESCE, Ron. 3306 S. ATLANTIC AU. Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32118 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Delete TITLE Change JOHN T. RACINE NAME NAME ZI LOGGERS Run RO. STREET ADDRESS STREET ADDRESS WEST WARNICK EL 02893 CITY-ST-ZIP CITY-ST-ZIP SELPETHRY /TZEASURER Delete TITLE TITLE Addition ☐ Change NAME NAME LARRY E. WEATZEL STREET ADDRESS 3306 S. ATLANTIC AU. DAYTONA BEACH FL 32118 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ~ TITLE ---☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Daytime Phone #