

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90191 029 \*\*\*150.00

DOCUMENT # **P98000069182**

1. Entity Name

**FLORIDA DEFENSE INVESTIGATIONS, INC.**

**DO NOT WRITE IN THIS SPACE**

**B0127371**

2. Principal Place of Business

**1415 E. ROBINSON ST**

3. Mailing Address

**PO BOX 770726**

Suite, Apt. #, etc.

**STE D**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**ORLANDO FL**

City & State

**ORLANDO FL**

4. FEI Number

**593526381**

Applied For

Not Applicable

Zip

**32801**

Country

**USA**

Zip

**32877**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**JUAN JALOME**

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

**13844 GUILDHALL CR**

City

**ORLANDO**

**FL**

Zip Code

**32828**

**DO NOT WRITE  
IN THIS SPACE**

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.

**JUAN JALOME**

(NOTE: Registered Agent signature required when reinstating)

**7/3/02**

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

**PVP, T, D/S  
JUAN JALOME  
1415 E. ROBINSON ST, STE D  
ORLANDO, FL. 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JUAN JALOME**

**7/2/02**

DATE

Daytime Phone #

**402281110**

CR2E034B (12/01)

# Florida Defense Investigations, Inc.

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Attachment  
Document #  
P98000069182

Uniform Business Report  
Division of Corporations  
PO BOX 1500  
Tallahassee, FL. 32302-1500

Re: UBR Fees

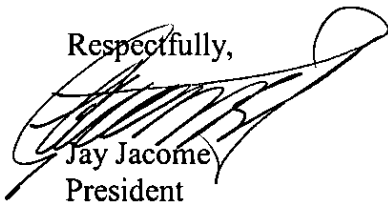
To Whom It May Concern:

As per your request, I am submitting this letter in writing to indicate that the original Uniform Business Report was not received in our office. Due to the non-receipt of the Uniform Business Report, we are cordially requesting that the late fee be waived.

We have downloaded and printed a substitute report to submit to the Division of Corporations, in order to comply with the requests and proper reporting to the Division of Corporations.

We apologize for any inconveniences and thank you in advance for your assistance and cooperation.

Respectfully,



Jay Jacome  
President

Cc: File

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