

2001 UNIFORM BUSINESS REPORT (UBR)

09-05-2001 90008 012 150.00
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DOCUMENT # P98000081400

1. Entity Name
NATIONAL INVESTIGATIVE SERVICES CORPORATION

Principal Place of Business
11368 ASHBORO DR
ORLANDO FL 32837

Mailing Address
P.O. BOX 555308
ORLANDO FL 32855

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 59-3565228
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

ANDERSON, MICHAEL
4868 SO. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839

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 _____ DATE _____
(NOTE: Registered Agent signature required when reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP	P SIEVERS, STEVEN 11368 ASHBORO DR ORLANDO FL 32837	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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)(b), 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: _____ Date: 8-1-01 Daytime Phone: 407-841-4357

CR25034 (10/00)

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To Whom It May Concern:

I whole-heartedly apologize for the most regrettable lateness if the filing of the corporate uniform business report. I honestly don't know where the last months have gone. I am enclosing the regular filing fees for this report and hoping you will be able to waive the penalties or at least decrease them and allow me the opportunity to make payments. My finances are not very stable at this time. My mind has been a million different places.

My mother's health is not improving (she's in a home for the mentally challenged in CA). My father had a five-way bi-pass. Both of the people I've known longest in my life besides my parents have had serious hospitalizing health problems this year. This just after my brother's passing. Now my youngest son's pediatrician says he has a hearing problem, which could be the cause of his speech impediment.

I don't mean to burden you with my problems, with God's help we'll all carry on. Although any thing you could do to help me with these penalties would be greatly appreciated.

Respectfully,



Steven Sievers