2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State
05-07-2000 90011 036 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000011926

1. Entity Name

AMERICAN-INVESTIGATIVE SPECIALISTS, INC.

Principal Place of Business	Mailing Address
2821 SUNLAKE LOOP #213 LAKE MARY FL 32746	P O BOX 951628 LAKE MARY FL 32795-1628 ↓ Same

2. Principal Place of Business	3. Mailing Address
673 Pickfair Terrace	P.O. Box 951628
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Mary, Florida	City & State: Lake Mary, Florida
Zip: 32746 Country: USA	Zip: 32795 Country: USA

4. FEI Number: 59-3581342 ☐ 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
WORST, RONALD F 2821 SUNLAKE LOOP #213 LAKE MARY FL 32746	Name: Ronald F. Worst Street Address (P.O. Box Number is Not Acceptable): 673 Pickfair Terrace City: Lake Mary FL Zip Code: 32746

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: Ronald F. Worst, President, Ronald F. Worst 04/26/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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	☐ Delete	TITLE: P, VP, ST, D NAME: Ronald F. Worst STREET ADDRESS: 673 Pickfair Terrace CITY-ST-ZIP: Lake Mary, FL 32746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Ronald F. Worst, Ronald F. Worst, President 4/26/2000 (407)323-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #