

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90033 042 \*\*\*150.00

**DOCUMENT # P99000034079**

1. Entity Name

**ALTIMA INVESTIGATIONS, INC.**

Principal Place of Business

Mailing Address

12921 KEY LINE BLVD.  
 WEST PALM BEACH FL 33412

12921 KEY LINE BLVD.  
 WEST PALM BEACH FL 33412-1458

2. Principal Place of Business

12921 Key Lime Blvd.

3. Mailing Address

PO Box 13083

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm beach, fl

City & State

No Palm beach, fl

4. FEI Number

65 0914804

Applied For

Not Applicable

Zip

33412

Country

US

Zip

33408

Country

US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PAINE, JEFFREY ESQ.**  
**500 S. AUSTRALIAN AVE**  
**SUITE 120**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **Paine, Jeffrey ESQ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1655 palm Beach lakes Blvd**  
**West Palm Beach, FL** Zip Code **33401**

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)

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GREEN, DAVID</b>
STREET ADDRESS	<b>7087 155TH PLACE NORTH</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, ERROL</b>
STREET ADDRESS	<b>1387 13TH STREET</b>
CITY-ST-ZIP	<b>W PALM BEACH FL 33401</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WEININGER, SCOTT E</b>
STREET ADDRESS	<b>12921 KEY LINE BOULEVARD</b>
CITY-ST-ZIP	<b>W PALM BEACH FL 33412</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>DOUGLAS, PAUL M</b>
STREET ADDRESS	<b>4435-B WILLOW POND ROAD</b>
CITY-ST-ZIP	<b>W PALM BEACH FL 33417</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>pres p</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>Sec / tres TS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

Date

561 795-6666

Daytime Phone #

CR2E034 (9/99)