2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90183 008 ***150.00

DOCUMENT # P99000081463

Entity Name
Private Investigations, INC.

Principal Place of Business
989 Augusta National Dr.
#304
orlando, Fl. 32822

Mailing Address
PMB 242
425 S. Chickasaw Trail
orlando, FL. 32825

Principal Place of Business — Suite, Apt. #, etc. — City & State — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3601572
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Alan B. Taylor, Esquire
390 N. Orange Avenue, Ste 2200
Orlando, Fl. 32801

7. Name and Address of New Registered Agent

Name: Steven B. Koski

Street Address (P.O. Box Number is Not Acceptable): 5989 Augusta National Drive #304

City: orlando, FL 32822

FL — Zip Code

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.

Steven B. Koski
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

May 1, 2000
DATE

The corporation is eligible to satisfy its intangible 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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete ST ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Director, President, Secretary + Treasurer Steven Koski ☐ Change ☒ Addition
☐ Delete ST ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 5989 Augusta National Dr. #304 orlando, Fl. 32822 ☐ Change ☐ Addition
☐ Delete ST ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (9/99)

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: Steven B. Koski PRESIDENT — May 1, 2000 — (407) 859-7553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Steven B. Koski