

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000085082

FILED  
Mar 18, 2002 8:00 AM  
Secretary of State

**Entity Name:** FIRST CLASS INVESTIGATIONS, INC.

**Current Principal Place of Business:**

912 NW 79TH TERRACE  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16446  
PLANTATION, FL 33318 US

**New Mailing Address:**

**FEI Number:** 65-0952703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FASKE, GARRY C ESQ  
11900 BISCAYNE BLVD., SUITE 616  
NORTH MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** LIOTTA, EUGENE J  
**Address:** 912 NW 79TH TERRACE  
**City-St-Zip:** PLANTATION, FL 33324

**Title:** D ( ) Delete  
**Name:** SULLIVAN, WILLIAM G  
**Address:** 912 NW 79TH TERRACE  
**City-St-Zip:** PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** WILLIAM G SULLIVAN

D

03/18/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date