## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P99000085082 **DOCUMENT #**

1. Entity Name

FIRST CLASS INVESTIGATIONS, INC.



## **FILED** Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90236 031 \*\*\*150.00

				WE WE THE			
Principal Place of Business 912 NW 79TH TERRACE PLANTATION FL 33324  2. Principal Place of Business		Mailing Address PO BOX 16446 PLANTATION FL 33318 US  3. Mailing Address					
							Suite, Apt. #, etc.
City & State		City & State		4. FEI Number 65-0952703 Applied For			
Zip	Country	Zip	Country		5. Certificate of Status Desired  \$	8.75	Not Applicable Additional
	6. Name and Address of Curre	nt Registered Agent	<del>-'</del>	<del></del>	7. Name and Address of New Registered Ac	ee Requ	ired
				Vame	Actives of New Neglatered Ac	jent	
	GARRY C ESQ		L	<del></del>			
11900 B	ISCAYNE BLVD., SUITE 616		( )	otreet Address (F	P.O. Box Number is Not Acceptable)		
NORTH	MIAMI FL 33181			· · · · · · · · · · · · · · · · · · ·			
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				Dity	FL	Zip Co	ode
8. The abov	re named entity submits this statement	for the purpose of changing its	s registered o	office or registere	ed agent, or both, in the State of Florida. I am fan	L	
line obliga	ations of registered agent.				and the state of Florida, Tamilan	milar witi	n, and accept
SIGNATURE							
	Signature, typed or printed name of registered ager	t and title if applicable. (NOT	TE: Registered Age	ent signature required v	when reinstating) DATE		
F	FILE NOW!!! FEE IS \$150.00						
Afte Make Chec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State			Election Campaign Financing     Trust Fund Contribution.	<b>\$5.</b> Addr	<b>00</b> May Be
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS (OLIANOSS TO THE PROPERTY OF THE PRO	_	<u></u>
TITLE	D	☐ Delete	TITLE	<del>-  </del>	ADDITIONS/CHANGES TO OFFICERS AND D		
NAME	LIOTTA, EUGENE J	<u> </u>	NAME		Ł.	Change	☐ Addition
STREET ADDRESS	912 NW 79TH TERRACE		STREET AD	DRESS			ł
CITY-ST-ZIP	PLANTATION FL 33324	_	CITY-ST-Z	(IP			
TITLE	D	☐ Delete	TITLE				
NAME	SULLIVAN, WILLIAM G		NAME			] Change	☐ Addition
STREET ADDRESS	912 NW 79TH TERRACE		STREET ADI	DRESS			
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12. 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 accuracy and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attacking of the corporation of the receiver or trustee empowered to execute the second of the corporation of the receiver or trustee empowered to execute the second of the corporation of the receiver or trustee empowered to execute the second of the corporation of the corporation of the receiver or trustee empowered to execute the second of the corporation of t

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: (

STREET ADDRESS

CITY-ST-ZIP