2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096990

1. Entity Name
FLORIDA OFFICE of INVESTIGATION, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State
07-21-2000 90149 036 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
FLORIDA Office of INVESTIGATION 6015 BENJAMIN Rd Suite 321 TAMPA, Fl. 33634	

2. Principal Place of Business	3. Mailing Address
6015 BENJAMIN Rd.	SAME
Suite, Apt #, etc. 321	Suite, Apt. #, etc.
City & State TAMPA, Fl.	City & State
Zip 33634 — Country HILLBOROUGH	Zip — Country

4. FEI Number 59-3607368 ☐ 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
Robert D. Hantz 6015 BENJAMIN Rd Suite 321 TAMPA, Fl. 33634	Name Street Address (P.O. Box Number is Not Acceptable) City — **FL** — Zip Code

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]
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	ROBERT D HANTZ V. PRES. 6015 BENJAMIN Rd Suite 321 TAMPA, Fl. 33634 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ARLENE SMITH PRES 6015 BENJAMIN Rd Suite 321 TAMPA, Fl. 33634 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[redacted]
P990000869900

[redacted]
A00687317

2nd time
Sending this