

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90011 024 ***150.00

DOCUMENT # *990000-86994* ✓
1. Entity Name *FLORIDA OFFICE OF INVESTIGATION, INC.*
P.O. Box 8522
MADEIRA BEACH, FL. 33738

DO NOT WRITE IN THIS SPACE

80050398

2. Principal Place of Business
8416 A. N. ARMENIA AVE.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 8522
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL.
Zip
33604
Country
USA

City & State
MADEIRA BEACH FL.
Zip
33738
Country
USA

4. FEI Number
59-3607368
Applied For
Not Applicable

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ARLENE SMITH
Street Address (P.O. Box Number is Not Acceptable)

8416 A. N. ARMENIA AVE.
City
TAMPA, FL Zip Code
33604

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 *ARLENE SMITH* DATE *3-11-02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ARLENE ABRAMS-SMITH
8416 A. N. ARMENIA AVE
TAMPA FL. 33604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
BROOKE SUTHERLAND
8416 A. N. ARMENIA AVE
TAMPA, FL. 33604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *ARLENE ABRAMS-SMITH (PRES)* DATE *3-11-02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)