

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90116 041 ***150.00

DOCUMENT # P99000086994

1. Entity Name
FLORIDA OFFICE OF INVESTIGATION, INC.



Principal Place of Business
8416A NORTH AGMENIA AVE
TAMPA FL 33604
US

Mailing Address
P O BOX 8522
MADEIRA BEACH FL 33738
US

2. Principal Place of Business

9402 E. FOWLER AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. B. 8522

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES.

City & State
THONOTOSASSA, FL.

Zip

33592

Country

HILLSBORO

City & State

MADEIRA BEACH, FL

Zip

33738

Country

PINELLAS

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

SMITH, ARLENE

8416A NORTH ARMENIA AVE

TAMPA FL 33604

7. Name and Address of New Registered Agent

Name

ARLENE SMITH

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

9402 E. FOWLER AVE.

City

THONOTOSASSA

FL

Zip Code

33592

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **ABRAMS-SMITH, ARLENE**
STREET ADDRESS **8416A NORTH ARMENIA AVE**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **VP** ☒ Delete
NAME **SUTHERLAND, BROOKE**
STREET ADDRESS **8416A NORTH ARMENIA AVE**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES.** ☒ Change ☒ Addition
NAME **ARLENE SMITH**
STREET ADDRESS **9402 E. FOWLER AVE.**
CITY-ST-ZIP **THONOTOSASSA**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **BROOKE SUTHERLAND**
STREET ADDRESS **9402 E. FOWLER AVE.**
CITY-ST-ZIP **THONOTOSASSA, FL 33738**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 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 #

4-7-03

813-930-6133

4-7-03

CR2E034 (10/02)