2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # **P99000104684** INVESTIGATIVE GROUP INTERNATIONAL. INC. 03-04-2000 90115 007 ***150.00 Mailing Address Principal Place of Susiness 3411 W. NEW ORLEANS AVENUE 3411 W. NEW ORLEANS AVENUE TAMPA FL 33614-6659 TAMPA FL 33614-6659 3. Mailing Address 2. Principal Place of Business 2309 W. MAKTIN LUTNER KNEBLUD <u>309 W. MARTIN LUTHER KING BLVD</u> DO NOT WRITE IN THIS SPACE Suite. Ant # etc. 4. FEI Number Applied For City & State Not Applicable 7 AMPA \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALAN F. GONZALEZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 1602 W. SLIGH AVENUE SUITE 300 TAMPA FL 33604-5806 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME DOWNING, RICHARD L STREET ADDRESS STREET ADDRESS 3411 W. NEW ORLEANS AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33614-6659 ☐ Change ☐ Addition TITLE Delete TITLE NAME CIACCIO, STEVEN P NAME STREET ADDRESS STREET ADDRESS 1505 W. RIVER LANE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33603-2923 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete DIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.