

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0305194 AV

04-09-2002 90023 037 \*\*\*150.00

<b>DOCUMENT # P99000111120</b>			
1. Entity Name <b>RLI INVESTIGATIVE AGENCY, INC.</b>			
Principal Place of Business <b>601 N.W. 46TH AVENUE PLANTATION FL 33317</b>		Mailing Address <b>P.O. BOX 426 FORT LAUDERDALE FL 33302</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0985416</b>		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>SHELOWITZ &amp; SHELOWITZ, P.A.</b> <b>1895 W. COMMERCIAL BLVD.</b> <b>SUITE 135</b> <b>FORT LAUDERDALE FL 33309</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>INGRAM, ROBERT L JR</b> <b>601 N.W. 46TH AVENUE</b> <b>PLANTATION FL 33317</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>INGRAM, ROBERT L JR</b> <b>601 N.W. 46TH AVENUE</b> <b>PLANTATION FL 33317</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or without like empowerment.

SIGNATURE: *[Signature]* DATE: *4/1/02* DAYTIME PHONE # \_\_\_\_\_

CF2E034 (9/01)