

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012485

1. Entity Name

INVESTIGATING & RESEARCH DATA, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90040 043 ***150.00

Principal Place of Business

Mailing Address

BOX 1361 N AVE
 BOX 1361
 MOORE HAVEN FL 33471
 US

BOX 1361 NORTH AVE
 BOX 1361
 MOORE HAVEN FL 33471-1361
 US

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 **65-0419461**

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

SYKES, WILLIAM J

~~1000 NE 177 STREET~~
~~NO MIAMI BEACH FL 33102~~

Name Sykes, William J.

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

820 North Ave S.W.

City Moore Haven, FL Zip Code 33471

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)

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SYKES, WILLIAM J**
 CITY-ST-ZIP **BOX 1361 8 NORTH AVE**
MOORE HAVEN FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William J. Sykes 4-6-00 863-946-3333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)