

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90029 045 \*\*\*150.00

**DOCUMENT # F99000003121**

1. Entity Name  
**GAB ROBINS INSURANCE INVESTIGATION SERVICES, INC**

Principal Place of Business PO BOX 5490 PARSIPPANY NJ 07054	Mailing Address PO BOX 5490 PARSIPPANY NJ 07054-6490
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**610 CRESCENT EXECUTIVE CRT.**

3. Mailing Address  
**9 CAMPUS DRIVE SUITE 7**

Suite, Apt. #, etc.  
**SUITE 200**

Suite, Apt. #, etc.  
**P O BOX 316**

City & State  
**LAKE MARY FL**

City & State  
**PARSIPPANY, NJ**

4. FEI Number **22-3657109**  
 Applied For   
 Not Applicable

Country  
**32746**

Country  
**07054-0316**

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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)

**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  
**P**  
 NAME **MCNULTY, JOHN P**  
 STREET ADDRESS **610 CRESCENT EXECUTIVE COURT**  
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE  Change  Addition  
**PRESIDENT/TREASURER**

TITLE  Delete  
**V**  
 NAME **KING, DAN**  
 STREET ADDRESS **610 CRESCENT EXECUTIVE COURT**  
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE  Change  Addition  
**VICE PRESIDENT/SECRETARY**

TITLE  Delete  
~~ST~~  
 NAME **BOURES, A. J.**  
 STREET ADDRESS **9 CAMPUS DRIVE**  
 CITY-ST-ZIP **PARSIPPANY NJ 07054**

TITLE  Change  Addition

TITLE  Delete  
**D**  
 NAME ~~MCARR, DAVID W~~  
 STREET ADDRESS **9 CAMPUS DRIVE**  
 CITY-ST-ZIP **PARSIPPANY NJ 07054**

TITLE  Change  Addition  
**DIRECTOR**  
 NAME **JOSEPH ZUBRETTKO**  
 STREET ADDRESS **9 CAMPUS DRIVE**  
 CITY-ST-ZIP **PARSIPPANY, NJ 07054**

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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: **JOHN MCNULTY** Date: **4/14/00** Daytime Phone #: **407805-0065**

CR2E034 (9/99)