

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90110 023 ***158.75

DOCUMENT # F00000002255

1. Entity Name
FORENSIC & SCIENTIFIC INVESTIGATIONS, INC.

Principal Place of Business

Mailing Address

BOX 3390 Hwy 83
 VINCENT AL 35178

BOX 3390 Hwy 83
 VINCENT AL 35178

2. Principal Place of Business

3390 Hwy 83
 Suite, Apt. #, etc.

3. Mailing Address

3390 Hwy 83
 Suite, Apt. #, etc.

City & State

Vincent, Alabama

City & State

Vincent, Alabama

Zip

35178

Country

Zip

35178

Country

4. FEI Number

63-1242097

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

WHITSTINE, WILLIAM H JR
 19 MARSHALL ST.
 SAFETY HARBOR FL 34695

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

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, 2001 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 PCS
 NAME LATIMER, DAVID
 STREET ADDRESS 19 MARSHALL ST.
 CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

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

TITLE VT
 NAME WHITSTINE, WILLIAM H JR
 STREET ADDRESS 19 MARSHALL ST.
 CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

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

TITLE D
 NAME WHITSTINE, LAURA
 STREET ADDRESS 19 MARSHALL ST.
 CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

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

TITLE D
 NAME LATIMER, KATHY
 STREET ADDRESS 19 MARSHALL ST.
 CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Latimer, Pres 4/5/01 205-672-8880

CR2E034 (10/00)