

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91009 035 ***150.00

0030492 AV

DOCUMENT # F02000000855

1. Entity Name
ARMOR HOLDINGS FORENSICS, INC.



Principal Place of Business
**13386 INTERNATIONAL PARKWAY
JACKSONVILLE FL 32218**

Mailing Address
**13386 INTERNATIONAL PARKWAY
JACKSONVILLE FL 32218**

2. Principal Place of Business

3. Mailing Address

1400 MARSH LANDING PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 112

City & State

City & State

JACKSONVILLE FL

Zip

Country

Zip

Country

32250

USA

4. FEI Number

59-3678749

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

**LEXIS DOCUMENT SERVICES INC.
3953 W. KELLEY ROAD
TALLAHASSEE FL 32311**

Name

CORPORATION SERVICE COMPANY

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

1201 HAYES STREET

City

TALLAHASSEE

FL

Zip Code

32301

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. I am familiar with, and accept the obligations of registered agent.

**Brian Courtney
Asst. V. Pres.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD CROSKREY, STEPHEN E**
STREET ADDRESS **13386 INTERNATIONAL PARKWAY**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

TITLE ☐ Delete
NAME **VT WILLIAMS, MARK**
STREET ADDRESS **13386 INTERNATIONAL PARKWAY**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

TITLE ☐ Delete
NAME **V SEIDEL, JIM**
STREET ADDRESS **13386 INTERNATIONAL PARKWAY**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

TITLE ☐ Delete
NAME **S SMITH, TODD**
STREET ADDRESS **1400 MARSH LANDING PARKWAY, SUITE 112**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

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

TITLE ☒ Delete
NAME **D SPILLER, JONATHAN M**
STREET ADDRESS **1400 MARSH LANDING PARKWAY, SUITE 112**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

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

TITLE ☐ Delete
NAME **D SCHILLER, ROBERT R**
STREET ADDRESS **1400 MARSH LANDING PARKWAY, SUITE 112**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

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

12. 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 10 or Block 11 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
TODD S. SMITH

Date **4/28/03**

Daytime Phone # **904-741-1728**

CR2E034 (10/02)