## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2002 8:00 am Secretary of State DOCUMENT # F96000005938 1. Entity Name 05-03-2002 90051 017 \*\*\*150.00 FLORIDA ANALYTICAL SERVICES, INC. Principal Place of Business Mailing Address 555 SPARKMAN DR 555 SPARKMAN **SUITE 1420 SUITE 1420 HUNTSVILLE AL 35816 HUNTSVILLE AL 35816** 2. Principal Place of Business 689 Discovery 689 Discovery Suite, Apt. #, etc. Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 300 Suite 300 City & State 4. FEI Number Applied For 63-1076302 tuntsville Not Applicable Country. Madison \$8.75 Additional 5. Certificate of Status Desired MAdi 50N Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WINTERS, RICHARD D 1 11TH AVE SUITE 2A SHALIMAR FL 32579 8. The above named entity submit , ose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PCD** ☐ Delete TITLE NAME TUDER, IRMA L NAME 689 Discovery Dr., Suite 300 HUNGUIlle, AL 35806 STREET ADDRESS 555 SPARKMAN DR, STE 1420 STREET ADDRESS CITY-ST-ZIP **HUNSTVILLE AL 35816** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -⊡ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS

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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 all other like empowered.

FILED

SIGNATURE: