

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001854

1. Entity Name

AFFILIATED FORENSIC LABORATORIES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90025 010 ***150.00

Principal Place of Business

Mailing Address

3030 N. CENTRAL AVE., STE. 501
PHOENIX AZ 85012

3030 N. CENTRAL AVE., STE. 501
PHOENIX AZ 85012-2713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-0486886

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

CORPORATE ACCESS, INC.
1116-D THOMASVILLE RD.
TALLAHASSEE FL 32303

Name

CORPORATE ACCESS, INC

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

230 East 6th AVENUE

City

Tallahassee

FL

Zip Code

32303

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

William J. Flynn WILLIAM J. FLYNN, PRES.

2-10-2000

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	P	<input type="checkbox"/> Delete
NAME	FLYNN, WILLIAM J	
STREET ADDRESS	4145 W. CORONA DR.	
CITY-ST-ZIP	CHANDLER AZ 85226	
TITLE	V	<input type="checkbox"/> Delete
NAME	FLYNN, DAVIDA J	
STREET ADDRESS	4145 W. CORONA DR.	
CITY-ST-ZIP	CHANDLER AZ 85226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Flynn WILLIAM J. FLYNN, PRES.

Date

2-10-2000

Daytime Phone #

602-241-1890

CR2E034 (9/99)