

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90077 002 ***150.00

DOCUMENT # K43322

1. Entity Name

FORENSIC TOXICOLOGY CONSULTATIONS, INC.

Principal Place of Business

**1938 PRIMROSE LANE
 WELLINGTON FL 33414**

Mailing Address

**1938 PRIMROSE LANE
 WELLINGTON FL 33414**

750849

2. Principal Place of Business

3923 Lake Worth Rd

Suite, Apt. #, etc.

Suite 113

City & State

Lake Worth, FL

Zip

33464

Country

3. Mailing Address

3923 Lake Worth Rd

Suite, Apt. #, etc.

Suite 113

City & State

Lake Worth, FL

Zip

33461

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0113855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CARROLL, F. THOMAS
 1938 PRIMROSE LN
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

M. Thomas Lobasz

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

3923 Lake Worth Rd #113

City

Lake Worth

FL

Zip Code

33461

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

TITLE **P** ☐ Delete
 NAME **CARROLL, F. THOMAS**
 STREET ADDRESS **1938 PRIMROSE LN**
 CITY-ST-ZIP **WELLINGTON FL**

TITLE **VT** ☐ Delete
 NAME **NEWCOMER, DIANA L**
 STREET ADDRESS **1938 PRIMROSE LANE**
 CITY-ST-ZIP **WELLINGTON FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

F. Thomas Carroll
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)