

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L28319**

1. Entity Name
TOXICOLOGY CONSULTANTS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90224 035 ***150.00

Principal Place of Business

Mailing Address

C/O ISAAC SALVER C.P.A.
~~1150 KANE CONCOURSE SUITE 400~~
BAY HARBOR ISLANDS FL 33154
US

C/O ISAAC SALVER C.P.A.
~~1150 KANE CONCOURSE SUITE 400~~
BAY HARBOR ISLANDS FL 33154
US

100510



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1111 KANE CONCOURSE

1111 KANE CONCOURSE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 211

SUITE 211

City & State

City & State

4. FEI Number **59-2982236**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POUPKO, JAY
7558 ANDORRA PLAGE
BOCA RATON FL 33433

Name

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

C/O ISAAC SALVER, CPA

1111 KANE CONCOURSE SUITE 211

City

BAY HARBOR ISLANDS

FL

Zip Code

33154

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/01

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 | PST | <input type="checkbox"/> Delete |
| NAME | POUPKO, JAY | |
| STREET ADDRESS | 2903 SKY CLIFF STREET | |
| CITY-ST-ZIP | SAN ANTONIO TX 78231 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/01

CR2E034 (10/00)