

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L28319

1. Entity Name
TOXICOLOGY CONSULTANTS, INC.



Principal Place of Business

**1111 KANE CONCOURSE
SUITE 211
BAY HARBOR ISLANDS, FL 33154 US**

Mailing Address

**1111 KANE CONCOURSE
SUITE 211
BAY HARBOR ISLANDS, FL 33154 US**



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2982236

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**POUPKO, JAY
% ISSAC SALVER, CPA
1111 KANE CONCOURSE, SUITE 211
BAY HARBOR ISLANDS, FL 33154**

**DO NOT WRITE
IN THIS SPACE**

6. 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.

SIGNATURE

Signature, typed or printed name of registered agent and (file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
POUPKO, JAY
14958 CADILLAC DR.
SAN ANTONIO, TX 78248**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000091631
03/18/04-80014-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jay M. Poupko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay M. Poupko x3/14/04 561-447-9464
Date Daytime Phone #