

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000797

1. Entity Name

BACKGROUND VERIFICATION SPECIALISTS, INC.

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90312 029 \*\*\*150.00

Principal Place of Business

Mailing Address

2774 COUNTRYSIDE BLVD. UNIT 1  
CLEARWATER FL 33761

2774 COUNTRYSIDE BLVD. UNIT 1  
CLEARWATER FL 33761

2. Principal Place of Business

400 Douglas Ave

3. Mailing Address

400 Douglas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dunedin FL

Dunedin FL

Zip

Zip

Country

Country

FL 34698

USA

34698

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NASH, THOMAS C II, ESQ  
625 COURT STREET  
SUITE 200  
CLEARWATER FL 33756

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME PRIEST, SUSAN CARTER  
STREET ADDRESS 2774 COUNTRYSIDE BLVD., UNIT 1  
CITY-ST-ZIP CLEARWATER FL 33761

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

TITLE D ☐ Delete  
NAME TILLEY, SUSAN  
STREET ADDRESS 1324 RANCHWOOD DRIVE  
CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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:

Susan C. Priest, Pres.

3/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0367703

CR2E034 (10/00)