

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90081 004 \*\*\*150.00

0848214 SP

**DOCUMENT # P01000048729**

1. Entity Name

**AXIS INVESTIGATIVE SERVICES, INC.**

Principal Place of Business

**TAMPA BAY EXECUTIVE AIRPORT  
 11422 SR 54  
 ODESSA FL 33556**

Mailing Address

**TAMPA BAY EXECUTIVE AIRPORT  
 11422 SR 54  
 ODESSA FL 33556**

2. Principal Place of Business

**5524 Foxtail Ct.**

Mailing Address

**PO Box 7503**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Wesley Chapel FL**

City & State

**Wesley Chapel FL**

Zip

**33543**

Country

**FLSCO**

Zip

**33543-7503**

Country

**FLSCO**

4. FEI Number

**74-300 1433**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, LAWRENCE P  
 TAMPA BAY EXECUTIVE AIRPORT  
 11422 SR 54  
 ODESSA FL 33556**

7. Name and Address of New Registered Agent

Name

**LAWRENCE P Parker**

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

**5524 Foxtail Ct.**

City

**Wesley Chapel**

FL

Zip Code

**33543**

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

*Lawrence P Parker*

**Lawrence P Parker Pres. CEO**

**4/5/02**

(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, 2002 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PARKER, LAWRENCE P</b>	
STREET ADDRESS	<b>TAMPA BAY EXECUTIVE AIRPORT 11422 SR 54</b>	
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lawrence P Parker</b>	
STREET ADDRESS	<b>5524 Foxtail Ct.</b>	
CITY-ST-ZIP	<b>Wesley Chapel FL 33543</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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

*Lawrence P Parker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/2002**

DATE

**813-783-3121**

Daytime Phone #

CR2E034 (9/01)