2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000067478

5601 N. DIXIE HWY.

FT. LAUDERDALE, FL 33308

Address:

City-St-Zip:

Entity Name: COBRA DRUG SCREENING SERVICES, INC.

FILED Feb 26, 2003 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	TLANTIC BLVI	D.			
SUITE 8 POMPANO	D BCH, FL 33	060			
	lailing Addre		New Mailing Address	New Mailing Address:	
	TLANTIC BLVI		J		
SUITE 8					
POMPANO	D BCH, FL 33	060			
FEI Number:	: 65-1128800	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	TUART RD AVE., SUIT ERDALE, FL				
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
FI (: 0		T (5 10 (7 ()			
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (WILLIAMS, JO 1610 NE 32ND POMPANO BC	CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (WILLIAMS, SH 1610 NE 32ND POMPANO BC	СТ.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ST (X LUCCEHSI, TH	i) Delete IERESE	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN L. WILLIAMS P 02/26/2003