

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90073 015 ***150.00

DOCUMENT # P01000072867

1. Entity Name
INTERNATIONAL BIO-SCIENTIFIC CONSULTING, INC.



Principal Place of Business

~~2338 IMMOKALEE RD. #286~~
NAPLES FL 34110

Mailing Address

~~2338 IMMOKALEE RD. #286~~
NAPLES FL 34110

2. Principal Place of Business

5074 Outrigger DR
Suite, Apt. #, etc.
Summer Beach Village

3. Mailing Address

1417 Sadler Rd
Suite, Apt. #, etc.
314

City & State
Amelia Island, FL

City & State
Fernandina Beach, FL

4. FEI Number 65-1147976

Applied For
Not Applicable

Zip
32034

Country
USA

Zip
32034

Country
USA

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

6. Name and Address of Current Registered Agent

SCUDERI, SALVATORE C
983 N. COLLIER BLVD.
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name
Landen R. Blair
Street Address (P.O. Box Number is Not Acceptable)
3810-4 Williamsburg Park Blvd.
City Jacksonville FL Zip Code 32257

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Landen R. Blair*

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

(NOTE: Registered Agent signature required when reinstating)

2-27-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME CRAIGHEAD, JOHN E
STREET ADDRESS ~~2338 IMMOKALEE RD #286~~ 1517 Sadler Rd
CITY-ST-ZIP NAPLES FL 34110 # 314

TITLE STD
NAME CRAIGHEAD, CHRISTINA C
STREET ADDRESS ~~2338 IMMOKALEE RD #286~~ Fernandina Beach
CITY-ST-ZIP NAPLES FL 34110 Fl. 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

Jan 24, 03 904 491 7631

CR2E034 (10/02)