

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90045 021 ***150.00

DOCUMENT # P01000116100

1. Entity Name

24/7 DRUG SCREENING, INC.

Principal Place of Business

**LAKESHORE PLAZA
2677 FOREST HILL BLVD SUITE 121
WEST PALM BEACH FL 33406**

Mailing Address

**LAKESHORE PLAZA
2677 FOREST HILL BLVD SUITE 121
WEST PALM BEACH FL 33406**

2. Principal Place of Business

2677 Forest Hill Blvd Suite 121

3. Mailing Address

(Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

Suite 121

Zip

33406

Country

U.S.A.

Zip

33406

Country

Palm Beach

4. FEI Number

65-1156843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEO, ANTHONY
LAKESHORE PLAZA
2677 FOREST HILL BLVD SUITE 121
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

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

Anthony A. Rao

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
LEO, ANTHONY
2677 FOREST HILL BLVD SUITE 121
WEST PALM BEACH FL 33406**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Anthony A. Rao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 (561) 966-8744

Date

Daytime Phone #

CR2E034 (9/01)