

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000073333**

1. Entity Name

CRIME SCENES INC.**FILED**
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90029 006 ***158.75

Principal Place of Business

**601 S FALKBURG RD
#14-182
TAMPA FL 33619
US**

Mailing Address

**P.O. BOX 2818
BRANDON FL 33509
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3451929**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, DAVID D
15625 GULF BLVD
REDINGTON BEACH FL 33708**

Name

David G. POWELL

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

15625 Gulf Blvd

City

Redington Beach.**FL**

Zip Code

33708

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

3/21/019. 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 ☐ Delete
NAME **D**
STREET ADDRESS **POWELL, DAVID**
CITY-ST-ZIP **15625 GULF BLVD**
REDINGTON BEACH FL 33708TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01
Date**813-643-8831**
Daytime Phone #

0333141

CR2E034 (10/00)

Medical Waste Specialists

Post Office Box 2818 • Brandon, Florida 33509

Local: (813) 623-2025 • Fax: (813) 623-2721 • E-mail: jandreau@mail.gte.net

attachment
D# 195000073333

3/21/01

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To whom it may concern,

I pulled in section 7 & 8 because
my name was incorrect. My full
name and social security number
are David Grant Powell, 261-84-1562.

I am and always have been the
sole owner of Crime Scenes Inc.

Thank you

David Powell