

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000073333**

1. Entity Name  
**Crime Scenes, Inc.**



FILED

03 MAY -1 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
601 S. FALKENBURG RD.  
STE. 14-1 & 14-2  
TAMPA FL 33619  
US

Mailing Address  
P.O. BOX 2818  
BRANDON FL 33508  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 89398**  
Suite, Apt. #, etc.

City & State  
**Tampa, FL**

Zip  
**33689-0406**

4. FEI Number  
**59-3451929**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**POWELL, DAVID G.  
15625 GULF BLVD  
REDINGTON BEACH FL 33708**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Powell, David  
15625 Gulf Blvd  
Redington Beach FL 33708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**POWELL, DAVID  
15625 GULF BLVD  
REDINGTON BEACH FL 33708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**700018454717  
05/07/03--01071--008 \*\*150.00**

TITLE  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/10/03** Daytime Phone **813-643-883**