

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90048 025 \*\*\*150.00

DOCUMENT # P96000100039

1. Entity Name

~~RAPID DRUG TESTING SERVICES, INC.~~

NATIONAL CONSULTING SERVICES, INC.



Principal Place of Business  
97300 OVERSEAS HWY  
KEY LARG FL 33037  
US

Mailing Address  
97300 OVERSEAS HWY  
KEY LARGO FL 33037  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number  
65-0713106

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

O'CONNELL, PETER J  
973000 OVERSEAS HWY #2  
KEY LARGO FL 33037

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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PSD<br>BLATE, BONNIE J<br>97300 OVERSEAS HWY #2<br>KEY LARGO FL 33037    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VTD<br>O'CONNELL, PETER J<br>97300 OVERSEAS HWY #2<br>KEY LARGO FL 33037 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Bonnie J Blate*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04  
Date

(305)  
509-2555  
Daytime Phone #

Attachment  
24029074  
Florida Department of State, Division of Corporations  
**Corporations Online**  
www.sunbiz.org Public Inquiry

Florida Profit

**NATIONAL CONSULTING SERVICES, INC.**

**PRINCIPAL ADDRESS**

97300 OVERSEAS HWY  
KEY LARGO FL 33037 US  
Changed 01/16/1998

**MAILING ADDRESS**

97300 OVERSEAS HWY  
KEY LARGO FL 33037 US  
Changed 01/16/1998

**Document Number**

P96000100039

**FEI Number**

650713106

**Date Filed**

12/11/1996

**State**

FL

**Status**

ACTIVE

**Effective Date**

NONE

**Last Event**

NAME CHANGE  
AMENDMENT

**Event Date Filed**

03/17/2004

**Event Effective Date**

NONE

**Registered Agent**

| Name & Address  |  |
|---|--|
| O'CONNELL, PETER J<br>97300 OVERSEAS HWY #2<br>KEY LARGO FL 33037 |  |
| Name Changed: 01/16/1998  |  |
| Address Changed: 01/16/1998                                       |  |

**Officer/Director Detail**

| Name & Address   | Title |
|--|-------|
| BLATE, BONNIE J<br>97300 OVERSEAS HWY #2<br>KEY LARGO FL 33037 | PSD   |
| O'CONNELL, PETER J   |       |