

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-16-2002 90055 019 ***150.00

DOCUMENT # **P97000059376**
1. Entity Name
Criminal Sexuality Investigation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1225 Ambra Dr.
Suite, Apt. #, etc.

3. Mailing Address
1225 Ambra Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Melbourne FL
Zip
32940-6758 Country
USA

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4. FEI Number
59-3457687
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
James R. Powers
Street Address (P.O. Box Number Is Not Acceptable)
1225 Ambra Dr
City
Melbourne FL Zip Code
32940-6758

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 resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P James R Powers 1225 Ambra Dr. Melbourne FL 32940-6758
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Phyllis T. Powers 1225 Ambra Dr. Melbourne FL 32940-6758
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **James R. Powers** **James R. Powers** **29 April 2002** **321/254-6489**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/01)