

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000096334**1. Entity Name
INTERNATIONAL BIOHAZARD SERVICES, INC.**FILED****01 JUL 24 PM 5:06****SECRETARY OF STATE-
TALLAHASSEE, FLORIDA**

Principal Place of Business

**2231 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

Mailing Address

**2231 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

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 **65-0801166**

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

**PHILBRICK, WALTER
2231 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PHILBRICK, WALTER 2231 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED**07/05/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Page 2 of 2

International Biohazard Services, Inc.
2231 Hollywood Blvd
Hollywood, FL 33020
Phone: (954) 922-9258

July 5, 2001

Uniform-Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

Per my conversation today with Scott, enclosed please find UBR Documents P95000029901, G51839, and P97000096334 for my corporations, Investigation Protective Services, Inc., International Protective Services, Inc., and International Biohazard Services, Inc. On April 20, 2001, a fire occurred and destroyed many of our documents including these forms. I have enclosed a picture of the destruction along with a copy of the insurance claim summary. Immediately upon receipt of the enclosed forms, I am returning them signed with the regular processing fee.

I am requesting the \$400 late fee per corporation be waived since the delinquency was unintentional and not preventable. The fire has had a significant impact upon my businesses and these late fees will only add to my injuries.

Thank you in advance for your understanding and compassion in this situation. Please contact me directly if I can be of any assistance.

Sincerely,



Walter Philbrick
President/Owner
International Protective Services, Inc.
Investigations & Protective Services, Inc.
International Biohazard Services, Inc.