

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90016 013 ***150.00

DOCUMENT # P98000055612

1. Entity Name

BIO-SERVICES INTERNATIONAL, INC.

Principal Place of Business

1445 MITCHELL AVENUE
TALLAHASSEE FL 32303-5840

Mailing Address

1445 MITCHELL AVENUE
TALLAHASSEE FL 32303-5840

2. Principal Place of Business

1849 25th Street

Suite, Apt. #, etc.

3. Mailing Address

1849 25th Street

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FLORIDA

Zip

32960

Country

Indian River

Zip

32960

Country

Indian River

4. FEI Number

65-0862122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOCALLE, LOUIS B JR
2770 INDIAN RIVER BLVD.
STE. 501
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

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 \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
BURTON, JANE P
P.O. BOX 872 N/A
VERO BEACH FL 32961 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
BURTON, THOMAS W
P.O. BOX 872 N/A
VERO BEACH FL 32961 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SECOR, DEBRA M
1849 25TH ST.
VERO BEACH FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DIXON, DENE B
1445 MITCHELL AVENUE
TALLAHASSEE FL 32303-5840 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

4/25/2001

Date

561/569-2284

Daytime Phone #

CR2E034 (10/00)