05-05-2003 90338 043 ***150.00

2003 FOR PROFIT CORPORATION May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)**

P98000055612 **DOCUMENT#**

1. Entity Name

BIO-SERVICES INTERNATIONAL, INC.



CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS												
Suffe, Apt. 4, etc. Suffe, Apt. 4, etc. City & State Ci	1849 25TH STREET		1849	1849 25TH STREET				11030007				
Suffe, Apt. 4, etc. Suffe, Apt. 4, etc. City & State Ci												
City & State Country Country S. Certificate of Status Desired SR-75 Additional Face Required SR-75 Additional Face Required State Address of New Registered Agent New Young and Address of Current Registered Agent New Young Address of New Registered Agent New Young Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FLE NOW!!! FEE IS 1550.00 After May 1, 2003 Fee will be \$550.00 Make Check Pagable to Fortical Department of State Note In Expression Agent Agents Agent Agents Agen	2. Principal Place of Business		3. Mail	3. Mailing Address) (1881/11) (1886) (1814) (18 17) (1887)			III	
Schools Scho	Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Security	City & Star	te	City	City & State				FEI Number 65-0862122				
CEU SIGNATURE FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. TITLE BURTON, JANE P STREET ADDRESS DIRECT ADDRESS DIRECT ADDRESS STREET ADDRESS	Zip	Country	Zip		Coun	try	5.	Certificate of Status Desired		\$8.75 Ad	ditional	
VOCELLE, LOUIS B JR 2770 INDIAN RIVER BLVD. STE. 501 VERO BEACH FL 32960 B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent are title replicable. SIGNATURE Gynatins fixed or printed rane or registered agent and title replicable. (NOTE Registered Agent signature requires when rentating) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CITANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME BURTION, JANE P STREET ADDRESS CITY-ST-2P VERO BEACH FL 32961 TILE SD Delete UTILE SD OBARA STREET ADDRESS CITY-ST-2P UTILE SD OBARA M. STREET ADDRESS CITY-ST-2P UTILE STREET ADDRESS CITY-ST-2P UTILE SD OBARA M. STREET ADDRESS CITY-ST-2P UTILE STREET ADDRESS CITY-ST-2P UTILE SD OBARA M. STREET ADDRESS CITY-ST-2P UTILE STREET ADDRESS CITY-ST-2P UTILE SD OBARA M. STREET ADDRESS CITY-ST-2P UTILE SD OBAR		6. Name and Address of Currer	nt Registere	d Agent			7. 1	Name and Address of New Red		<u>`</u>		
STEET ADDRESS (F.O. DOX NUMBER IS NO. ACCEPTABLES) STEET ADDRESS (F.O. DOX NUMBER IS NO. ACCEPTABLES) City FL Zip Code FL Zip Code FL Zip Code FL Zip Code City FL Zip Code City FL Zip Code FL Zip Code City FL Zip Code City FL Zip Code FL Zip Code City FL Zip Code Steel Code Steel Code Steel Code Address (NOTE: Registance required when represed			<u> </u>			Name			-	<u> </u>		
PERO BEACH FL 32960 B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State TO. OFFICIERS AND DIRECTORS TO. STREET ADDRESS TO. STREET ADDRESS TO. OFFICIERS AND DIRECTORS	VOCELLE	, LOUIS B JR		Chance A			/DO Doubly-has is blee Assessments					
City FL Zip Code	2770 IND	AN RIVER BLVD.		Street Addi			P.O. B	sox Number is Not Acceptable)	_			
B. 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 Signulum, hyper or printed rares or registered agent with it applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE BURTON, JANE P P.O. BOX 872 N/A VERO BEACH FL 32961 TITLE SUPPLY ST-ZPP UTD Delete STREET ADDRESS CITY-ST-ZPP Delete STREET ADDRESS CITY-ST-ZPP TITLE Delete TITLE Dele	STE. 501											
SIGNATURE Signature, typerd or printed rame of registered agent and attent of experience Agent signature required when nenetrating) PILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	VERO BEACH FL 32960					City			FL	Zip Cod	le	
SIGNATURE Signature, typed or printed name of registered agant and late if applicable NOTE, Registered Agant signature required when reinstating) DATE	8. The above	e named entity submits this statement	for the purpo	ose of changing its r	egistere	ed office or register	ed ag	ent, or both, in the State of Floric		amiliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BURTON, JANE P 9.0. BDX 872 NIA CITY-ST-2P VTD BURTON, THOMAS W P.O. BDX 872 NIA CITY-ST-2P VERO BEACH FL 32961 TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P CITY-	the obligat	tions of registered agent.										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BURTON, JANE P 9.0. BDX 872 NIA CITY-ST-2P VTD BURTON, THOMAS W P.O. BDX 872 NIA CITY-ST-2P VERO BEACH FL 32961 TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P CITY-	SIGNATURE											
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32961 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	0.0.0	Signature, typed or printed name of registered age	nt and title if appl	licable. (NOTE:	Registered	d Agent signature required	when re	einstating)	DATE			
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CEO Delete ITILE NAME SIRRET ADDRESS CITY-ST-ZIP PO Delete NAME STREET ADDRESS CITY-ST-ZIP PO DELETE NAME NAME STREET ADDRESS CITY-ST-ZIP PO DELETE NAME STREET ADDRESS CITY-ST-ZIP PO DE	, F	ILE NOW!!! FEE IS \$150.00]	-				6 Floation Companies Stoom	olna	ሰ ር (
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CEO								, ,		35. U Adde	IU May Be I to Fees	
TITLE DURTON, JANE P STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32961 TITLE VTD Delete DURTON, THOMAS W STREET ADDRESS CITY-ST-ZIP TITLE SD DEACH FL 32961 TITLE SD DEBA M STREET ADDRESS CITY-ST-ZIP TITLE SCITY-ST-ZIP TITLE SCITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C	Make Checi	k Payable to Florida Department	of State									
NAME STREET ADDRESS CITY-ST-ZIP TITLE SD SECOR, DEBRA M STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	10.		D DIRECTO		11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR		
STREET ADDRESS CITY-ST-ZIP TITLE TITLE SITERET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ Delete		t				☐ Change	☐ Addition	
CITY-ST-ZIP VERO BEACH FL 32961 TITLE NAME BURTON, THOMAS W P.O. BOX 872 N/A VERO BEACH FL 32961 TITLE SD SECOR, DEBRA M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS												
TITLE NAME BURTON, THOMAS W SIREET ADDRESS CITY-ST-ZIP TITLE SD SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TIT						1						
NAME SIRET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME NAME NAME NAME							 -			Change	☐ Addition	
STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP SD SECOR, DEBRA M_ 1849 25TH ST. VERO BEACH FL 32960 TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME NAME NAME NAME				ET Delete	•					Officings		
CITY-ST-ZIP					STREE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	CITY-ST-ZIP				CITY-	ST-ZIP						
STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TITLE	SD		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
CITY-ST-ZIP VERO BEACH FL 32960 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME	NAME		- = .		3	J						
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME Addition NAME	STREET ADDRESS											
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME TITLE NAME NAME NAME NAME		VERO BEACH FL 32960			╉—							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Addition NAME				☐ Delete		ľ				L_ Change	Addition	
CITY-ST-ZIP						1						
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME											,	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME	TITLE			☐ Delete	TITLE			_ 		Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME	NAME				NAME						_	
TITLE Delete TITLE Change Addition NAME	STREET ADDRESS											
NAME :	CITY-ST-ZIP				CITY-	ST-ZIP						
■ 1				☐ Delete		1				☐ Change	☐ Addition	
STREET ADDRESS STREET ADDRESS						ľ					!	
CITY-ST-ZIP CITY-ST-ZIP	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)(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;