

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000066598**

1. Entity Name

CRIMINAL RESEARCH BUREAU, INC.

Principal Place of Business

1324 SEVEN SPRINGS BLVD #110
NEW PORT RICHEY FL 34655

Mailing Address

1324 SEVEN SPRINGS BLVD #110
NEW PORT RICHEY FL 34655-5635

2. Principal Place of Business

13240 MCCORMICK DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

4. FEI Number

59-3534984

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

Zip

33626

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

GILL, TRACY L

13220 MCCORMICK DR
TAMPA FL 33626-3010

7. Name and Address of New Registered Agent

Name

GILL, TRACY L

Street Address (P.O. Box Number is Not Acceptable)

13240 MCCORMICK DR

City

TAMPA

FL

Zip Code

33626

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

Nancy Hill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	GILL, TRACY L	
STREET ADDRESS	12043 STONE CROSSING CIRCLE	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

1-19-00

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90053 026 ***150.00



DO NOT WRITE IN THIS SPACE