SEP-04-01 12:22 PM >Amended< P.02

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066598

FILED
01 SEP 14 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Criminal Research Bureau, Inc.

Principal Place of Business	Mailing Address
505 E. Jackson Street Suite 208 Tampa, FL 33602	

DO NOT WRITE IN THIS SPACE

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 59-3534984 ☐ 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
Gill, Tracy L. 12043 Stone Crossing Cir. Tampa, FL 33635	Name: Register, Stuart M. Street Address (P.O. Box Number is Not Acceptable): 505 E. Jackson St. Suite 208 City: Tampa FL Zip Code: 33602

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: Stuart M. Register, President 9/11/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tracy L. Gill 12043 Stone Crossing Cir. Tampa, FL 33635 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Stuart M. Register ☒ Change ☐ Addition 505 E. Jackson St. Suite 208 Tampa, FL 33602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	↑ President ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LeeAnn Register ☐ Change ☒ Addition 505 E. Jackson Street Suite 208
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tampa FL 33602 ☐ Change ☐ Addition Vice President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300000465713--2 -09/25/01--01017--008 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Stuart M. Register, President (813)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

223-4636