

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000019555**1. Entity Name
INTERNATIONAL CLINICAL RESEARCH CONSULTING SERVICES, I
NC.Principal Place of Business
2456 ENTERPRISE ROAD, SUITE 2
CLEARWATER FL 33763
Mailing Address
2456 ENTERPRISE ROAD, SUITE 2
CLEARWATER FL 337632. Principal Place of Business
1981 CASTILLE DRIVE
Suite, Apt. #, etc.3. Mailing Address
1981 CASTILLE DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM HARBOR FL
Zip
34683
CountryCity & State
PALM HARBOR FL
Zip
34683
Country4. FEI Number
59-3573070
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**DENIS MARINA
2456 ENTERPRISE ROAD, SUITE 2
CLEARWATER FL 33763**7. Name and Address of New Registered Agent**Name
DENIS MARINA
Street Address (P.O. Box Number is Not Acceptable)
1981 CASTILLE DRIVE
City
PALM HARBOR FL Zip Code
34683

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 _____ **04/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENIS PATRICK J 2456 ENTERPRISE ROAD, SUITE 2 CLEARWATER FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENIS MARINA 2456 ENTERPRISE ROAD, SUITE 2 CLEARWATER FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENIS PATRICK J 1981 CASTILLE DRIVE PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENIS MARINA 1981 CASTILLE DRIVE PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: MARINA DENIS

P

04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)