2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90361 042 ***150.00

A0070808

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000033373

1. Entity Name
CRIME SCENE PRODUCTS (FLORIDA) INC. ✓

Principal Place of Business	Mailing Address
3781 Tamiami Trail Port Charlotte, Florida 33952	

2. Principal Place of Business	3. Mailing Address
3781 Tamiami Trail	3781 Tamiami Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, Fl	City & State: Port Charlotte, Fl
Zip: 33952 Country: Charlotte	Zip: 33952 Country: Charlotte

4. FEI Number: 65-0967570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Grahame Sandling
18582 Ackerman Avenue
Port Charlotte, Fl 33948

7. Name and Address of New Registered Agent

Name: Grahame Sandling
Street Address (P.O. Box Number is Not Acceptable): 3781 Tamiami Trail
City: Port Charlotte FL Zip Code: 33952

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 Grahame Sandling [signature] 4/27/01
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	☐ Delete	TITLE: President NAME: Grahame Sandling STREET ADDRESS: 3781 Tamiami Trail, CITY-ST-ZIP: Port Charlotte, Fl 33952	☒ Change ☐ Addition
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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: [signature] President- Grahame Sandling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #