

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90384 042 ***150.00

DOCUMENT # S21940

1. Entity Name
FLORIDA BIO-COMPLIANCE, INC.

Principal Place of Business
PO BOX 593745
ORLANDO FL 32859-3745

Mailing Address
13025 KIRBY SMITH
ORLANDO FL 32832

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 **65-0247066**

Applied For
 Not Applicable

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

A U U S I U I U



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAWFORD, KATHLEEN B
13025 KIRBY SMITH RD
ORLANDO FL 32832

Name

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

City

FL

Zip Code

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

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	PD	<input type="checkbox"/> Delete
NAME	CRAWFORD, JAMES P	
STREET ADDRESS	13025 KIRBY SMITH RD.	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CRAWFORD, KATHLEEN B	
STREET ADDRESS	13025 KIRBY SMITH RD.	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ATKINSON, STEVEN L	
STREET ADDRESS	436 W. LANDSTREET RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Kathleen B. Crawford 3/6/01 4072493900

Date Daytime Phone #

0482366

CR2E034 (10/00)