

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000033222**

1. Entity Name

EAGLE CRIME SCENES, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90099 029 ***150.00

0447921

Principal Place of Business

ROUTE 2 BOX 2118
RIVER HILLS DRIVE
GLEN ST. MARY FL 32040-9643

Mailing Address

ROUTE 2 BOX 2118
RIVER HILLS DRIVE
GLEN ST. MARY FL 32040-9643

2. Principal Place of Business

15153 River Hills Rd
Suite, Apt. #, etc.

3. Mailing Address

15153 River Hills Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GLEN ST. MARY, FL

City & State

GLEN ST. MARY, FL

4. FEI Number

59-3669085

Applied For

Not Applicable

Zip

Country

32040

BAKER

Zip

Country

32040

Country

BAKER

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LAFORTE, MICHAEL F
ROUTE 2 BOX 2118
RIVER HILLS DRIVE
GLEN ST. MARY FL 32040-9643

7. Name and Address of New Registered Agent

Name

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

15153 River Hills Rd.

City

GLEN ST MARY

FL

Zip Code

32040

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 State10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD
NAME LAFORTE, MICHAEL F
STREET ADDRESS ROUTE 2 BOX 2118 - RIVER HILLS DRIVE
CITY-ST-ZIP GLEN ST. MARY FL 32040-9643 ☐ DeleteTITLE VTD
NAME LAFORTE, VIRGINIA C
STREET ADDRESS ROUTE 2 BOX 2118 - RIVER HILLS DRIVE
CITY-ST-ZIP GLEN ST. MARY FL 32040-9643 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 15153 River Hills Rd
CITY-ST-ZIP GLEN ST. MARY, FL 32040 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS 15153 River Hills Rd
CITY-ST-ZIP GLEN ST. MARY, FL 32040 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Michael F. LaForte, PSD MICHAEL F. LAFORTE 4-29-01 904-259-1469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)