

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90167 001 \*\*\*150.00

**DOCUMENT # P98000026314**

1. Entity Name

**TOXICOLOGY SUPPORT SERVICES, INC.**

Principal Place of Business

Mailing Address

8301 CYPRESS PLAZA DR STE 120  
 JACKSONVILLE FL 32256

8301 CYPRESS PLAZA DR STE 120  
 JACKSONVILLE FL 32256-4426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CAIRO, GA

Zip

Country

Zip

Country

31728

USA

4. FEI Number

59-3498819

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PRINCE, RYAN**  
 8301 CYPRESS PLAZA DR STE 120  
 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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]* RYAN PRINCE

(NOTE: Registered Agent signature required when reinstating)

4-7-00  
 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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PRINCE, RYAN	
STREET ADDRESS	8554 WYNDHURST DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prince, Ryan	
STREET ADDRESS	1760 Lakewood Dr. S.E.	
CITY-ST-ZIP	CAIRO, GA 31728	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]* RYAN PRINCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

904-220-2859

Daytime Phone #

CR2E034 (9/99)