

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0057964 AV

DOCUMENT # **392563**

1. Entity Name
TECHNICAL SERVICES LABORATORY, INC.

03-06-2002 90105 044 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
95 READY AVE
FT WALTON BEACH FL 32548

Mailing Address
95 READY AVE
FT WALTON BEACH FL 32548

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-1367993** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CORBIN, ANDREW J
931 LIGHTHOUSE ROAD
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
855 THE MASTERS BLVD.
 City **SHALIMAR** FL Zip Code **32579**

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 DATE **2/19/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	CORBIN, WILL F	
STREET ADDRESS	29 MIZZEN CIRCLE	
CITY-ST-ZIP	HAMPTON VA 23664	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUME, SUSAN CORBIN	
STREET ADDRESS	413 HUTCHISON STREET	
CITY-ST-ZIP	VISTA CA 92084	
TITLE	P	<input type="checkbox"/> Delete
NAME	CORBIN, ANDREW J	
STREET ADDRESS	855 THE MASTERS BV	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBIN, LOIS	
STREET ADDRESS	261 VENTURA CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBIN, ALFRED	
STREET ADDRESS	261 VENTURA CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GORDON, JULIA CORBIN	
STREET ADDRESS	402 VALERIA STREET	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: **JULIA C. GORDON** **SECT. TREAS.** DATE **2/19/02** DAYTIME PHONE # **(850) 243-3722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)