

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90341 027 ***150.00

DOCUMENT # G78022

1. Entity Name
HIGH TECHNOLOGY LABORATORIES, INC.

Principal Place of Business

**7585 OLD ST AUGUSTINE RD
TALLAHASSEE FL 32311
US**

Mailing Address

**7585 OLD ST. AUGUSTINE ROAD
TALLAHASSEE FL 32311**

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 **59-2282854**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARROLL, RONALD D.
7585 OLD ST. AUGUSTINE ROAD
TALLAHASSEE FL 32311-6349**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **DP** ☐ Delete
NAME **CARROLL, RONALD D.**
STREET ADDRESS **7585 OLD ST AUGUSTINE RD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **CARROLL, MELINDA M**
STREET ADDRESS **7585 OLD ST. AUGUSTINE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

7/20/02
Date

Daytime Phone #

CR2E034 (4/02)

Attachment
Document #
G78022

July 20, 2002

Florida Dept of State
Division of Corporations
UBR Filings
PO-Box-1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised that I never received my original UBR. I came by your office last week and the clerk said that I could write this letter of explanation and the fee would be \$150.00. I have had this corporation for 19 years and have never failed to file this form timely. Thank you for consideration.

Respectfully,


Ronald Carroll