

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90190 041 ***150.00

DOCUMENT # P00000116961

1. Entity Name
HIDDEN LABS, INC.

Principal Place of Business Mailing Address

688 HAWKS TRACE DRIVE **688 HAWKS TRACE DRIVE**
JACKSONVILLE FL 32225 **JACKSONVILLE FL 32225**

2. Principal Place of Business 3. Mailing Address

20 South First St. *20 South First St.*

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite # 5 *Suite # 5*

City & State City & State

Jacksonville Beach FL *Jacksonville Beach FL*

4. FEI Number Applied For

59-3688469 Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
SUITE 1114
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name *Crabtree & Fallar*

Street Address (P.O. Box Number is Not Acceptable) *8777 San Jose Blvd.*

Building A, Suite 200

City *Jacksonville* FL Zip Code *32217*

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]* *SCOTT W FALLAR* DATE *4/17/01*

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.

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	<i>D, C</i> <input type="checkbox"/> Delete	TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FÖSS, MARK	NAME	<i>Neil P. Carrion</i>
STREET ADDRESS	688 HAWKS TRACE DRIVE	STREET ADDRESS	<i>10010 Belle River Blvd Apt 1707</i>
CITY-ST-ZIP	JACKSONVILLE FL 32225	CITY-ST-ZIP	<i>Jacksonville, FL 32256</i>
TITLE	<i>D, P</i> <input type="checkbox"/> Delete	TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, JASON	NAME	<i>Christopher Skeels</i>
STREET ADDRESS	2495 GLADE SPRINGS DRIVE	STREET ADDRESS	<i>3221 Herschel St # 2</i>
CITY-ST-ZIP	JACKSONVILLE FL 32246	CITY-ST-ZIP	<i>Jacksonville FL 32205</i>
TITLE	<i>D</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, KEVIN	NAME	
STREET ADDRESS	20 SOUTH FIRST STREET SUITE #7	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* *MARK FÖSS* DATE *4/16/01* DAYTIME PHONE # *904-246-7744*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)