## 2003 FOR PROFIT CORPORATION

## **FILED** May 12, 2003 8:00 am § **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P02000029906 DOCUMENT # 05-12-2003 90196 013 \*\*\*150.00 1. Entity Name LABCOL 3 TECHNOLOGY CORP. Principal Place of Business Mailing Address 10632 CAPITOLA RD. 10632 CAPITOLA RD. TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLSON, WELBERT III Street Address (P.O. Box Number is Not Acceptable) 10632 CAPITOLA RD. TALLAHASSEE FL 32301 City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS IS AND DIRECTORS IN 11 10. € Leslie Colson CEO ... ☐ Change Addition TLE ☐ Delete Vice President COLSON, WELBERT III 10632 Capitola Road 10632 CAPITOLA RD. Tallahassee, FL 32317 CITY-ST-ZIP TALLAHASSEE FL 32301 The Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS Alexander Colson CITY-ST-ZIP C Treasurer Addition ☐ Change Delete TITLE 10632 Capitola Road NAME STREET ADDRESS Tallahassee, FL 32317 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [7] Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS

12. 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 trufflee empowered/o execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other/like empowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-7IP