

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088085

1. Entity Name
NUONCOLOGY LABS, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90030 028 ***150.00

Principal Place of Business

Mailing Address

4870 HAYGOOD ROAD
SUITE 107
VIRGINIA BEACH VA 23455
US

4870 HAYGOOD ROAD
SUITE 107
VIRGINIA BEACH VA 23455
US

646754



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0019376

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 \$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 PSTD ☐ Delete
NAME ENLOW, PHILIP F
STREET ADDRESS 4870 HAYGOOD ROAD, STE. 107
CITY-ST-ZIP VIRGINIA BEACH VA 23455

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

TITLE VPD ☐ Delete
NAME THOMAS, ROBERT S
STREET ADDRESS 4870 HAYGOOD ROAD, STE. 107
CITY-ST-ZIP VIRGINIA BEACH VA 23455

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

TITLE D ☐ Delete
NAME WILLIAMS, R. MICHAEL
STREET ADDRESS 4870 HAYGOOD ROAD, STE. 107
CITY-ST-ZIP VIRGINIA BEACH VA 23455

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

TITLE D ☐ Delete
NAME BAKER, FRASER L
STREET ADDRESS 4870 HAYGOOD ROAD, STE. 107
CITY-ST-ZIP VIRGINIA BEACH VA 23455

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

TITLE D ☒ Delete
NAME SIMONETTI, DAVID
STREET ADDRESS 4870 HAYGOOD ROAD, STE. 107
CITY-ST-ZIP VIRGINIA BEACH VA 23455

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

TITLE D ☒ Delete
NAME ENLOW, ANNE C
STREET ADDRESS 4870 HAYGOOD ROAD, STE. 107
CITY-ST-ZIP VIRGINIA BEACH VA 23455

TITLE ☐ Change ☐ 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:

Robert S. Thomas

Robert S. Thomas

4/23/01

757-554-0926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

2001. UNIFORM BUSINESS REPORT (UBR)

Attachment

057060

DOCUMENT # P94000088085

1. Entity Name

NUONCOLOGY LABS, INC.

Principal Place of Business

4870 HAYGOOD ROAD
SUITE 107
VIRGINIA BEACH VA 23455

Mailing Address

4870 HAYGOOD ROAD
SUITE 107
VIRGINIA BEACH VA 23455
US

446754

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 65-0019376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

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Fee Required

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C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 typed or printed name of registered agent and the filer (if applicable)

(NOTE: Registered Agent's signature required when re-registering)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Applied Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME Kane, John F.
STREET ADDRESS 4870 Haygood Rd., Suite 107
CITY-STATE-ZIP Virginia Beach, VA 23455

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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CITY-STATE-ZIP

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CITY-STATE-ZIP

12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

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SIGNATURE:

Robert S. Thomas

Robert S. Thomas

4/23/01

757-554-0926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR21 034 (10-00)