

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90060 014 ***550.00

DOCUMENT # 299700

1. Entity Name

Electro-Lab Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4502 W. South Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 151466

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-1141248

Applied For

Not Applicable

Zip

33614

Country

Hills

Zip

33684

Country

Hills

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

W. G. Harder

Street Address (P.O. Box Number is Not Acceptable)

4502 W. South Ave

City

Tampa

FL

Zip Code

33614

**DO NOT WRITE
IN THIS SPACE**

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

Royce Johnson

Signature, typed or printed name of registered agent and title if applicable.

Royce Johnson

(NOTE: Registered Agent signature required when reinstating)

9-18-02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

W.G. HARDER
PRES - VP - S & T
1921 MASSACHUSETTS AVE N.E.
ST PETERSBURG, FL 33703

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM GRADY HARDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-02

DATE

(813) 872-0918

DAYTIME PHONE #

CR2E034B (12/01)