

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 314356

Entity Name
TESTING LAB OF THE PALM BEACHES INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90009 015 ***150.00

Principal Place of Business
50. H ST.
WORTH FL 33460

Mailing Address
P.O. BOX 211
LAKE WORTH FL 33460-0211

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1212441
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ADAIR,JOHN
1958 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD ADAIR,JOHN 1958 S CONGRESS AVE WEST PALM BEACH FL VP STEPHEN P O'NEIL 233 SLEEPY HOLLOW DR W PALM BCH FL 33415 VPST ROGERS, LAURIE A. 5147 FERNDAL DR DELRAY BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John Adair* SIGNATURE REQUIRED
Date 4/17/00 Daytime Phone # 561-585-7515