

5/21

FILED

Jun 21, 2001 8:00 am
Secretary of State

05-23-2001 91172 034 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 314356

1. Entity Name

TESTING LAB OF THE PALM BEACHES INC.

Principal Place of Business

Mailing Address

421 SO. H ST.
LAKE WORTH FL 33460P.O. BOX 211
LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

ADAIR, JOHN
1958 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406

Name LAURIE A. ROGERS

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

421 So H Street

City Lake Worth

FL

Zip Code 33460

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

Laurie A. Rogers

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

(NOT: Registered Agent's 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
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN ADAIR	
STREET ADDRESS	100 WATERWAY DR APT 210	
CITY-ST-ZIP	LAJANNA FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURIE A ROGERS	
STREET ADDRESS	421 So H Street	
CITY-ST-ZIP	Lake Worth FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Laurie A. Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/01 561-585-7575

Date

Daytime Phone #

CR2E034 (10/00)