FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2002

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91610 035 ***150.00

DOCUMENT # 351790

1. Entity Name

ELECTRONIC SERVICE LABS INC

Principal Place of Business	Mailing Address
3071 N ORANGE BLOSSOM TR. STE G ORLANDO FL 32804	3071 N ORANGE BLOSSOM TR. STE G ORLANDO FL 32804-3455

U45010

DO NOT WRITE IN THIS SPACE

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 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOVETT, W. THOMAS
200 E ROBINSON ST-STE 500.
ORLANDO FL 32803

7. Name and Address of Current 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 _____ DATE

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

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	VPD	☐ Delete
NAME	LOUCKS, BURTON H.	
STREET ADDRESS	3071 N OBT STE G	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	☐ Delete
NAME	LOUCKS, MARLENE A.	
STREET ADDRESS	3071 N OBT STE G	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	☐ Delete
NAME	LOUCKS, RICHARD A	
STREET ADDRESS	3071 N OBT STE G	
CITY-ST-ZIP	ORLANDO FL	
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CR2E034B (12/01)

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: Richard A. Loucks 4/18/02 407-298-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #