2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 8:00 am Secretary of State **DOCUMENT # 426400** 1. Entity Name WHITE LABORATORIES, INC. 05-08-2000 90176 025 ***150.00 Principal Place of Business Mailing Address 624 DOUGLAS AVENUE 624 DOUGLAS AVENUE **SUITE 1412 SHITE 1412 113000000** ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714-2547 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1467303 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHITE, MARY LOU Street Address (P.O. Box Number is Not Acceptable) 624 DOUGLAS AVENUE **SUITE 1412** ALTAMONTE SPRINGS FL 32714 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE **PSD** ☐ Delete TITLE **PSD** Change NAME WHITE, MARY LOU NAME WHITE, MARY LOU STREET ADDRESS STREET ADDRESS 207 SEMORAN COMMERCE PL. 624 DOUGLAS AVE., STE 1412 CITY-ST-ZIP CITY-ST-ZIP APOPKA FL ALTAMONTE SPRINGS, FL 32714-2547 ☐ Delete TITLE TITLE TD **NEWBERRY, THOMAS E** NAME NAME NEWBERRY, THOMAS E. STREET ADDRESS STREET ADDRESS 207 SEMORAN COMMERCE PL. 624 Douglas Avenue, Suite 1412 CITY-ST-ZIP CITY-ST-ZIP APOPKA FL Altamonte Springs, FL 32714-2547 XX Addition ☐ Delete TITLE Change NAME NAME Newberry, Tomi Jo White STREET ADDRESS STREET ADDRESS 624 Douglas Avenue, Suite 1412 Altamonte Springs, FL 32714-2547 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied enter 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 expect this leport astrequired 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.

Thomas E. Newberry

SIGNATURE:

NATURE AND TYPED OR PRINTE