

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90391 010 \*\*\*150.00

**DOCUMENT #** 482106

**1. Entity Name**

ENVIRONMENTAL QUALITY LABAORATORY, INC.

|  |  |
|--|--|
| Principal Place of Business                            | Mailing Address  |
| 4800 N FEDERAL HWY<br>STE 105E<br>BOCA RATON, FL 33431 | 200 S. BISCAYNE BLVD.<br>SUITE 4900<br>MIAMI, FL 33131 |

**A0068341**

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| 13790 NW 4TH STREET            | 13790 NW 4TH STREET |

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| SUITE 113           | SUITE 113           |

|              |              |
|--------------|--------------|
| City & State | City & State |
| SUNRISE, FL  | SUNRISE, FL  |

|       |         |       |         |
|-------|---------|-------|---------|
| Zip   | Country | Zip   | Country |
| 33325 |         | 33325 |         |

|               |                |
|---------------|----------------|
| 4. FEI Number | Applied For    |
| 59-1651020    | Not Applicable |

|                                  |                                |
|----------------------------------|--------------------------------|
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/>         |                                |

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

GRAGG, LAWRENCE K.  
 200 S. BISCAYNE BLVD.  
 SUITE 4900  
 MIAMI, FL 33131

**7. Name and Address of New 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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

**11. OFFICERS AND DIRECTORS**

|                 |                             |  |
|-----------------|-----------------------------|--|
| TITLE           | PD                          | <input checked="" type="checkbox"/> Delete |
| NAME            | ACKERMAN, RICHARD S         |  |
| STREET ADDRESS  | 4800 N FEDERAL HWY STE 105E |  |
| CITY - ST - ZIP | BOCA RATON, FL 33431        |  |

|                 |                             |                                 |
|-----------------|-----------------------------|---------------------------------|
| TITLE           | V                           | <input type="checkbox"/> Delete |
| NAME            | GITLIN, GENE                |                                 |
| STREET ADDRESS  | 4800 N FEDERAL HWY STE 105E |                                 |
| CITY - ST - ZIP | BOCA RATON, FL 33431        |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| 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 |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> Delete |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                 |                              |  |
|-----------------|------------------------------|--|
| TITLE           | PD                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | AHERN, PATRICK M.            |  |
| STREET ADDRESS  | C/O AHERN, 2 GREENWICH PLAZA |  |
| CITY - ST - ZIP | GREENWICH, CT 06830          |  |

|                 |                             |  |
|-----------------|-----------------------------|--|
| TITLE           | VD                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | GIBLIN JR., E.M.            |  |
| STREET ADDRESS  | 13790 NW 4TH STREET STE 113 |  |
| CITY - ST - ZIP | SUNRISE, FL 33325           |  |

|                 |                              |  |
|-----------------|------------------------------|--|
| TITLE           | TD                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | WILCOX II, R. JOHN           |  |
| STREET ADDRESS  | C/O AHERN, 2 GREENWICH PLAZA |  |
| CITY - ST - ZIP | GREENWICH, CT 06830          |  |

|                 |                              |  |
|-----------------|------------------------------|--|
| TITLE           | SD                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | WILCOX, ROBERT J             |  |
| STREET ADDRESS  | C/O AHERN, 2 GREENWICH PLAZA |  |
| CITY - ST - ZIP | GREENWICH, CT 06830          |  |

|                 |                             |  |
|-----------------|-----------------------------|--|
| TITLE           | V                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | MILLER, ANDREA              |  |
| STREET ADDRESS  | 13790 NW 4TH STREET STE 113 |  |
| CITY - ST - ZIP | SUNRISE, FL 33325           |  |

|                 |  |   |
|-----------------|--|---|
| 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**E. M. GIBLIN, JR.**

**4/26/01**

Date

**954-838-7100**

Daytime Phone #