

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90029 018 ***150.00

DOCUMENT # 482106

1. Entity Name

Environmental Quality Laboratory

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13790 NW 4th Street

3. Mailing Address
13790 NW 4th Street

Suite, Apt. #, etc.
Suite 113

Suite, Apt. #, etc.
Suite 113

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip
33325

Country

Zip
33325

Country

4. FEI Number
59-1651020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gragg, Lawrence K.

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

200 S Biscayne Blvd.

Suite 4900

City Miami

FL

Zip Code
33131

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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T/S/D
Giblin, E.M., Jr.
13790 NW 4th St., ste 113
Sunrise, FL 33325

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.M. Giblin, Jr.

4/29/02

(954) 838-7100

Date

Daytime Phone #

CR2E034B (12/01)