

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 631714**

1. Entity Name

**LONDON LABS, INC.**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90073 017 \*\*\*150.00

Principal Place of Business 4399 35TH STREET NORTH P.O. BOX 84000 ST. PETERSBURG FL 33714-3717	Mailing Address 4399 35TH STREET NORTH P.O. BOX 84000 ST. PETERSBURG FL 33714-3717
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

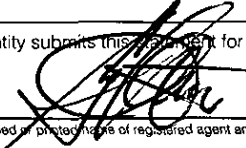


DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1930515</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PAYNE, JOHN W.</b> 4399 35TH STREET NORTH. ST. PETERSBURG FL 33706	7. Name and Address of New Registered Agent Name <b>STANKIEWICZ, CY</b> Street Address (P.O. Box Number is Not Acceptable) <b>4399 35TH STREET NORTH</b> City <b>ST. PETERSBURG</b> <b>FL</b> Zip Code <b>33714</b>
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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  v.p. DATE **04/14/00**

Signature, typed or photocopied 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MOTTA, JOSEPH E.</b> <b>512 JOHNS PASS AVE.</b> <b>MADEIRA BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PAYNE, J. SCOTT</b> <b>4399 35TH ST. NORTH</b> <b>ST. PETERSBURG, FL 33714</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>STANKIEWICZ, CY</b> <b>3804 46TH AVE S.</b> <b>ST. PETERSBURG FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAYNE, JOHN W.</b> <b>68 DOLPHIN DRIVE</b> <b>TREASURE ISLAND FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>PAYNE, JEFFREY T.</b> <b>7840 CAUSEWAY BLVD. SO.</b> <b>ST. PETERSBURG FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, RICHARD</b> <b>6660 1ST AVENUE SOUTH</b> <b>ST. PETERSBURG FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the address, with all other like empowered.

SIGNATURE:  **CY STANKIEWICZ** DATE: **04/17/00** DAYTIME PHONE #: **727-812-3008**

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

CR2E034 (9/99)