2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 631714 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name LONDON LABS, INC. 04-27-2000 90073 017 ***150.00 Mailing Address Principal Place of Business 4399 35TH STREET NORTH 4399 35TH STREET NORTH P.O. BOX 84000 P.O. BOX 84000 ST. PETERSBURG FL 33714-3717 ST. PETERSBURG FL 33714-3717 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1930515 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>STANKIEWICZ. CY</u> PAYNE, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 4399 35TH STREET NORTH. ST. PETERSBURG FL 33706 4399 35TH STREET NORTH Zip Code 33714 ST. PETERSBURG for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub-SIGNATURE Signature, types 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. X Addition ☐ Change TITLE ☐ Delete TITLE MOTTA, JOSEPH E. NAME NAME PAYNE, J. SCOTT STREET ADDRESS STREET ADDRESS 512 JOHNS PASS AVE. 4399 35TH ST. NORTH CITY-ST-ZIP CITY-ST-ZIP MADEIRA BEACH FL ST. PETERSBURG. FL ☐ Change Addition TITLE TITLE ☐ Delete STANKIEWICZ, CY NAME STREET ADDRESS STREET ADDRESS 3804 46TH AVE S. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL **⊠** Delete ☐ Change Addition TITLE TITLE PAYNE, JOHN W. NAME NAME STREET ADDRESS 68 DOLPHIN DRIVE STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE PAYNE, JEFFREY T. NAME NAME STREET ADDRESS STREET ADDRESS 7840 CAUSEWAY BLVD. SQ. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Change ☐ Addition □ Delete TITLE TITLE SMITH, RICHARD NAME STREET ADDRESS STREET ADDRESS 6660 1ST AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 forms 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 of the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of

SIGNATURE:

of the corporation or the receiver or t

changed, or on an attache

CY_STANKIEWICZ

with all other like empowered

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/00

727-812-3008

Daytime Phone #