

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90124 004 \*\*\*150.00

**DOCUMENT # 631714**

1. Entity Name

**LONDON LABS, INC.**

Principal Place of Business

Mailing Address

**4399 35TH STREET NORTH  
P.O. BOX 84000  
ST. PETERSBURG FL 33714-3717**

**4399 35TH STREET NORTH  
P.O. BOX 84000  
ST. PETERSBURG FL 33714-3717**

**957547**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1930515**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STANKIEWICZ, CY  
4399 35TH STREET NORTH  
SAINT PETERSBURG FL 33714**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	V	MOTTA, JOSEPH E.	512 JOHNS PASS AVE. MADEIRA BEACH FL				
	VT	STANKIEWICZ, CY	3804 46TH AVE S. ST. PETERSBURG FL				
	D	PAYNE, JOHN W.	68 DOLPHIN DRIVE TREASURE ISLAND FL				
	VS	PAYNE, JEFFREY T.	7840 CAUSEWAY BLVD. SO. ST. PETERSBURG FL				
	D	SMITH, RICHARD	6660 1ST AVENUE SOUTH ST. PETERSBURG FL				
	PD	PAYNE, J SCOTT	4399 35TH STREET NORTH SAINT PETERSBURG FL 33714				

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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STANKIEWICZ**

**04/17/01**

DATE

Daytime Phone #

CR2E034 (10/00)