

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649730

1. Entity Name

OPTILAB, INC.

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

04-27-2000 90021 035 \*\*\*150.00

Principal Place of Business

4399 35TH STREET N.  
P.O. BOX 84000  
ST PETERSBURG FL 33784

Mailing Address

4399 35TH STREET N.  
P.O. BOX 84000  
ST PETERSBURG FL 33784-4000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1981913**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAYNE, JOHN W  
4399 35TH STREET NORTH.  
ST. PETERSBURG FL

7. Name and Address of New Registered Agent

Name

**STANKIEWICZ, CV**

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

**4399 35TH STREET NORTH**

City

**ST. PETERSBURG**

**FL**

Zip Code

**33714**

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, 2000 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** ☐ Delete

NAME **PAYNE, J. SCOTT**  
STREET ADDRESS **14 BELLEVUE DR**  
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **VS** ☐ Delete

NAME **MOTTA, JOSEPH**  
STREET ADDRESS **512 JOHNS PASS AVE**  
CITY-ST-ZIP **MADEIRA BCH FL**

TITLE **D** ☒ Delete

NAME **PAYNE, JOHN W**  
STREET ADDRESS **68 DOLPHIN DRIVE**  
CITY-ST-ZIP **TREASURE ISLAND, FL 00000**

TITLE **VT** ☐ Delete

NAME **STANKIEWICZ, CV**  
STREET ADDRESS **3804 46TH AVE. SOUTH**  
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **V** ☐ Delete

NAME **STEVENS, ROBERT**  
STREET ADDRESS **9180 60TH ST N.**  
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VS** ☐ Change ☒ Addition

NAME **PAYNE, JEFFREY T.**  
STREET ADDRESS **4399 35TH ST NORTH**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33714**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**STANKIEWICZ, CV**

04/17/00

727-812-3008

Date

Daytime Phone #