

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-27-2000 90065 018 ***150.00

DOCUMENT # 649733

1. Entity Name
ILAB, INC.

Principal Place of Business 4399 35 ST N P O BOX 84000 ST PETERSBURG FL 33784	Mailing Address 4399 35 ST N P O BOX 84000 ST PETERSBURG FL 33784-4000
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1981910	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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

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

Name
STANKIEWICZ, CY
 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  **J.W.P.**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **04/17/00**

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	VS <input type="checkbox"/> Delete
NAME	PAYNE, JEFFREY T.
STREET ADDRESS	7840 CAUSEWAY BLVD S
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	VT <input type="checkbox"/> Delete
NAME	STANKIEWICZ, CY
STREET ADDRESS	3804 46TH AVENUE SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PAYNE, JOHN W
STREET ADDRESS	68 DOLPHIN DRIVE
CITY-ST-ZIP	TREASURE ISLAND, FL00000
TITLE	V <input type="checkbox"/> Delete
NAME	STEVENS, ROBERT
STREET ADDRESS	9180 60 ST N
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	V <input type="checkbox"/> Delete
NAME	MOTTA, JOSEPH E
STREET ADDRESS	512 JOHNS PASS AVE
CITY-ST-ZIP	MADEIRA BCH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAYNE, J. SCOTT
STREET ADDRESS	4399 35TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33714
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in all other like empowered.

SIGNATURE:  **STANKIEWICZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/00
Date

727-812-3008
Daytime Phone #

CR2E034 (9/99)