

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649733

1. Entity Name
ILAB, INC.

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

04-27-2000 90065 018 ***150.00

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

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 59-1981910

Applied For
Not Applicable

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

948333



DO NOT WRITE IN THIS SPACE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	PAYNE, J. SCOTT	4399 35TH STREET NORTH	ST. PETERSBURG, FL 33714	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  (NOTE: Registered Agent signature required when reinstating)

04/17/00

727-812-3008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)