

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STANKIEWICZ, CY
4399 35TH STREET NORTH.
ST. PETERSBURG FL

7. Name and Address of New Registered Agent

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

TITLE VS ☐ Delete
NAME PAYNE, JEFFREY T.
STREET ADDRESS 7840 CAUSEWAY BLVD S
CITY-ST-ZIP ST PETERSBURG FL

TITLE VT ☐ Delete
NAME STANKIEWICZ, CY
STREET ADDRESS 3804 46TH AVENUE SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE PD ☐ Delete
NAME PAYNE, SCOTT J
STREET ADDRESS 4399 35TH STREET NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33714

TITLE V ☐ Delete
NAME STEVENS, ROBERT
STREET ADDRESS 9180 60 ST N
CITY-ST-ZIP PINELLAS PARK FL

TITLE V ☐ Delete
NAME MOTTA, JOSEPH E
STREET ADDRESS 512 JOHNS PASS AVE
CITY-ST-ZIP MADEIRA BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-26-2001 90124 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)