FILED

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

STURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 25, 2002 8:00 am Secretary of State 689800 DOCUMENT # 1. Entity Name 03-25-2002 90059 042 ***150.00 MANATEE RIVER LABORATORIES, INC. Principal Place of Business Mailing Address 1245 MILL CREEK RD 1245 MILL CREEK RD BRADENTON FL 34202-3 4-212 BRADENTON FL 34202-34212___ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2032932 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROESEL, JOHN F., JR. Street Address (P.O. Box Number is Not Acceptable) 1245 MILL CREEK RD BRADENTON FL 34202-54212-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. SIGNA (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE TITLE CR2E034 (9/01) ☐ Delete ☐ Addition Ñ ROESEL, JOHN F., JR. NAME NAME 1245 MILL CREEK RD STREET ADDRESS STREET ADDRESS BRADENTON FL 34212 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐. Delete → TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ell-other like empowered.