

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90027 040 \*\*\*150.00

**DOCUMENT # 825963**

1. Entity Name

**SHELDON LABORATORY SYSTEMS, INC.**

Principal Place of Business

**102 KIRK STREET  
CRYSTAL SPRINGS MS 39059**

Mailing Address

**P.O. BOX 836  
CRYSTAL SPRINGS MS 39059  
US**

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 **64-0366456**

Applied For

Not Applicable

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

**SCHOLTENS, JAMES G  
808 WAYNE AVENUE  
STE. 1048  
ALTAMONTE SPRINGS FL 32701**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD**  
NAME **BRANTLEY, ADRIENNE**  
STREET ADDRESS **112 CANTERBURY PLACE**  
CITY-ST-ZIP **RIDGELAND MS 39157**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DP**  
NAME **SMITH, VICTOR**  
STREET ADDRESS **3 CRANEBRAKE DR.**  
CITY-ST-ZIP **CRYSTAL SPRINGS MS 39059**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **CD**  
NAME **SORGENFREI, MARK A**  
STREET ADDRESS **1517 KRISTEN DR.**  
CITY-ST-ZIP **JACKSON MS 39211**

☐ Delete

TITLE **Treasurer/Director**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **D**  
NAME **PEETS, RANDOLPH D III**  
STREET ADDRESS **1486 KRISTEN DRIVE**  
CITY-ST-ZIP **JACKSON MS 39211**

☐ Delete

TITLE **Secretary/Director**  
NAME **Peets, III, Randolph D.**  
STREET ADDRESS **700 Pineway Hill**  
CITY-ST-ZIP **Jackson, MS 39208** ☒ Change ☐ Addition

TITLE **VP**  
NAME **WOOD, CLAUDE S III**  
STREET ADDRESS **1028 BEALL RD.**  
CITY-ST-ZIP **HAZLEHURST MS 39083**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SVP**  
NAME **FITZGERALD, BRYAN A**  
STREET ADDRESS **4657 OLD LAKE RD.**  
CITY-ST-ZIP **JACKSON MS 39212**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

**Victor L. Smith/President**

Date

**3/26/01**

Daytime Phone #

**601-892-2731**

CR2E034 (10/00)