

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 23, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001784**

1. Entity Name  
 INTRANET LAB SERVICES, LLLP

Principal Place of Business 2595-B CENTERVILLE ROAD  TALLAHASSEE FL 32308	Mailing Address 2595-B CENTERVILLE ROAD  TALLAHASSEE FL 32308
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2. Principal Place of Business 2595-C CENTERVILLE ROAD Suite, Apt. #, etc.	3. Mailing Address 2595-C CENTERVILLE ROAD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State TALLAHASSEE FL	City & State TALLAHASSEE FL	4. FEI Number <b>59-3688489</b>	Applied For Not Applicable
Zip 32308	Country	Zip 32308	Country

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

**6. Name and Address of Current Registered Agent**

O'HOLLEARN AVA  
 5324 CHARLES SAMUEL DRIVE  
  
 TALLAHASSEE FL 32308 US

**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 \_\_\_\_\_ DATE **04/23/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 0:00

10. Amount of Capital Contributions in FLORIDA to date. 0.00

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	O AVA
STREET ADDRESS	5324 CHARLES SAMUEL DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32308
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** Ava O'Hollearn Pres 04/23/2001 Date  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (11/00)