

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90458 002 ***150.00

0571634 AT

DOCUMENT # F01000002438

1. Entity Name

CONSUMER TESTING LABORATORIES, INC.

Principal Place of Business

**480 NEPONSET STREET
CANTON MA 02021**

Mailing Address

**480 NEPONSET STREET
CANTON MA 02021**

2. Principal Place of Business

430 S. CONGRESS AVE., STE. 1B

Suite, Apt. #, etc.

3. Mailing Address

2240 WOOLBRIGHT ROAD

Suite, Apt. #, etc.

SUITE 412

City & State

DELRAY BEACH, FL

Zip

33445

Country

USA

City & State

BOYNTON BEACH, FL

Zip

33426

Country

USA

4. FEI Number

04-2206004

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GULKO, MARK N

430 CONGRESS AVENUE, SUITE 1B

DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

MARK N GULKO

Street Address (R.O. Box Number is Not Acceptable)

2240 WOOLBRIGHT ROAD, SUITE 412

City

BOYNTON BEACH

FL

Zip Code

33426

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.

MARK N GULKO

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 22, 2002

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, 2002 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 **PCST** ☐ Delete
NAME **SATTER, STEWART A**
STREET ADDRESS **4 GREEN LANE**
CITY-ST-ZIP **SHERBORN MA 01770**

TITLE **V** ☐ Delete
NAME **BUZIK, YEFIM**
STREET ADDRESS **120 WOODSIDE LANE**
CITY-ST-ZIP **ROGERS AR 72758**

TITLE **V** ☒ Delete
NAME **JINWALA, VASANT**
STREET ADDRESS **87 BAKER STREET**
CITY-ST-ZIP **BELMONT MA 02478**

TITLE **V** ☒ Delete
NAME **PATEL, HEMANT**
STREET ADDRESS **21 ARTHIR ROAD**
CITY-ST-ZIP **BELMONT MA 02478**

TITLE **V** ☐ Delete
NAME **FITZSIMMONS, TIMOTHY**
STREET ADDRESS **745 NILLENCAMP**
CITY-ST-ZIP **ST. CHARLES MO 63306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS **500 ALEXANDER PALM ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **PRESIDENT & COO** ☒ Change ☐ Addition
NAME
STREET ADDRESS **16028 SERENITY POINT LANE**
CITY-ST-ZIP **ROGERS, AR 72756**

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

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

TITLE **VICE PRESIDENT - OPERATIONS** ☒ Change ☐ Addition
NAME
STREET ADDRESS **745 HILLENKAMP DRIVE**
CITY-ST-ZIP **ST. CHARLES, MO 63304**

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 of the agent authorized to execute this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 22, 2002

561-251-5239

Date

Daytime Phone #

CR2E034 (9/01)