

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90186 041 ***150.00

DOCUMENT # F30556

1. Entity Name
SOUTHERN REFERENCE LABORATORIES, INC.

Principal Place of Business 655 WEST 8TH STREET JACKSONVILLE FL 32209	Mailing Address 655 WEST 8TH STREET JACKSONVILLE FL 32209-6511
---	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-2072036	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

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 *Henry D. Hulsey* *U.P. Smith Hulsey Busey PA*
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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	CPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHEATWOOD, JOHN D			NAME	Robert G. Norton		
STREET ADDRESS	1006 ALHAMBRA DRIVE SOUTH			STREET ADDRESS	655 West 8th Street		
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP	Jacksonville, FL 32209		
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	V D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MOTES, HENRY JR			NAME	Greg Gay		
STREET ADDRESS	937 N. MAIN ST.			STREET ADDRESS	655 West 8th Street		
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP	Jacksonville, FL 32209		
TITLE	CPD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HATCH, MONROE C.			NAME	David Friszman		
STREET ADDRESS	3120 HENDRICKS AVE.			STREET ADDRESS	655 West 8th Street		
CITY-ST-ZIP	JACKSONVILLE, FL 0			CITY-ST-ZIP	Jacksonville, FL 32209		
TITLE	DAST	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOY, MANUEL			NAME			
STREET ADDRESS	580 W 8TH STREET			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32209			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Greg H. Gay* *REG H. GAY* *4/27/00* *904-549-3707*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)