

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90027 037 ***150.00

DOCUMENT # **F30556**

1. Entity Name

SOUTHEAST REGIONAL LABORATORY, INC.

Principal Place of Business

**655 WEST 8TH STREET
 JACKSONVILLE FL 32209**

Mailing Address

**655 WEST 8TH STREET
 JACKSONVILLE FL 32209**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Attention: Charles E. Caniff

655 West 8th Street

Jacksonville, FL

32209



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2072036**

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

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

Name *Charles E. Caniff, Esq.*

Street Address (P.O. Box Number is Not Acceptable)
655 West 8th Street

City *Jacksonville* FL Zip Code *32209*

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

Charles E. Caniff

4/27/01

Signature, typed or printed name of registered agent, and firm 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	SD	CHEATWOOD, JOHN D	1006 ALHAMBRA DRIVE SOUTH JACKSONVILLE FL	<input checked="" type="checkbox"/>
	DT	MOTES, HENRY JR	937 N. MAIN ST. JACKSONVILLE FL	<input checked="" type="checkbox"/>
	CPD	HATCH, MONROE C.	3120 HENDRICKS AVE. JACKSONVILLE, FL 0	<input checked="" type="checkbox"/>
	DAST	LOY, MANUEL	580 W 8TH STREET JACKSONVILLE FL 32209	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
CPD	Robert G. Norton	655 West 8th Street	Jacksonville, FL. 32209	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Greg Guy, CPA	655 West 8th Street	Jacksonville, FL. 32209	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Charles E. Caniff	655 West 8th Street	JACKSONVILLE, FL 32209	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 title empowered.

SIGNATURE:

Charles E. Caniff

DATE

4/27/01 904-244-5984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)