


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91104 018 \*\*\*150.00

**DOCUMENT # F96000000975**

1. Entity Name  
**ZENITH LABORNET, INC.**



Principal Place of Business  
**1569 STONE RIDGE DR  
STONE MOUNTAIN GA 30083  
US**

Mailing Address  
**1569 STONE RIDGE DR  
STONE MOUNTAIN GA 30083  
US**



CHECK HERE IF MAKING CHANGES

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 **58-2138802**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DAN, TOTH**  
**1919 SOUTH KIRKMAN RD**  
**ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name **Dan Toth**

Street Address (P.O. Box Number is Not Acceptable)  
**2646 Grove View Drive**

City **Winter Garden** **FL** Zip Code **34787**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>METZGER, MICHAEL E</b>	
STREET ADDRESS	<b>5484 BREATHITT DR.</b>	
CITY-ST-ZIP	<b>LILBURN GA 30047</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ZIMMERMAN, JOHN J</b>	
STREET ADDRESS	<b>1175 DOWNYSHIRE DR</b>	
CITY-ST-ZIP	<b>LAWRENCEVILLE GA 30044</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>PERRY, SHUPE</b>	
STREET ADDRESS	<b>4075 RUNNYMEDE DR</b>	
CITY-ST-ZIP	<b>LILBURN GA 30047</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03 770-270-8250

Date Daytime Phone #

CR2E034 (10/02)