

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004935

1. Entity Name

TESTING WITHOUT ANIMALS, INC.

Principal Place of Business

Mailing Address

5339 GUNN HWY.  
TAMPA FL 33624

PO BOX 272437  
TAMPA FL 33624-4103

2. Principal Place of Business

1520 LAND O' LAKES BLVD

3. Mailing Address

1520 LAND O' LAKES BLVD

Suite, Apt., etc.

SUITE F

Suite, Apt., etc.

SUITE F

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33549

Country

Zip

33549

Country

4. FEI Number

59-3525360

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

HICKMAN, LARRY  
5339 GUNN HWY.  
TAMPA FL 33624

Name LARRY R. HICKMAN

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

1520 LAND O' LAKES BLVD, STE F

City

LUTZ

FL

Zip Code

33549

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

(NOTE: Registered Agent signature required when reinstating)

4/1/2000  
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, 2000 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	CP	<input type="checkbox"/> Delete
NAME	HICKMAN, LARRY	
STREET ADDRESS	5339 GUNN HWY.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	CT	<input type="checkbox"/> Delete
NAME	HICKMAN, SUSAN	
STREET ADDRESS	5339 GUNN HWY.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAVEN, PETER	
STREET ADDRESS	5339 GUNN HWY.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNYDER, WILLIAM	
STREET ADDRESS	5339 GUNN HWY.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	DESBROW, JOHN D	
STREET ADDRESS	18952 MACARTHUR BLVD., STE. 110	
CITY-ST-ZIP	IRVINE CA 92612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1520 LAND O' LAKES BLVD, STE F	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1520 LAND O' LAKES BLVD, STE F	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1520 LAND O' LAKES BLVD, STE F	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: W. A. Snyder  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM A. SNYDER

4/1/00  
Date

813-909-2042  
Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90287 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE