

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90101 041 \*\*\*150.00

DOCUMENT # **G32744**

1. Entity Name  
**ION LABS, INC.**

Principal Place of Business

6545 44TH ST N  
#4007  
PINELLAS PARK FL 33781  
US

Mailing Address

6545 44TH ST N  
#4007  
PINELLAS PARK FL 33781  
US

2. Principal Place of Business

**5459 115th AVE N**  
Suite, Apt. #, etc.  
**CLEARWATER, FL**  
City & State

3. Mailing Address

**5459 115th AVE N**  
Suite, Apt. #, etc.  
**CLEARWATER FL**  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2368234**

Applied For  
Not Applicable

Zip  
**33760**

Country  
**USA**

Zip  
**33760**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**OLIVER, WILLIAM**  
**6551 - 44TH ST N**  
**5005**  
**PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name **William OLIVER**  
Street Address (P.O. Box Number is Not Acceptable)  
**5459 115th AVE N**  
City **CLEARWATER** FL Zip Code **33760**

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 **William OLIVER President** **04/01/01**  
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. (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

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>OLIVER, WILLIAM</b>	
STREET ADDRESS	<b>2625 HERON LANE N</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	<b>OLIVER, TERRY</b>	
STREET ADDRESS	<b>2625 HERON LANE NORTH</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
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		
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: **William OLIVER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/01/01 (227) 527-1072**  
Date Daytime Phone #

CR2E034 (10/00)