

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**  
 05-18-2000 90374 006 \*\*\*150.00

<b>DOCUMENT # G54435</b>			
1. Entity Name <b>MICROLAB, INC.</b>			
Principal Place of Business <b>6290 EDGEWATER DR ORLANDO FL 32810 US</b>		Mailing Address <b>6290 EDGEWATER DR ORLANDO FL 32810-4718 US</b>	
2. Principal Place of Business <b>1025 Greenwood Blvd.</b>		3. Mailing Address <b>1025 Greenwood Blvd.</b>	
Suite, Apt. #, etc. <b>Suite 100</b>		Suite, Apt. #, etc. <b>Suite 100</b>	
City & State <b>Lake Mary, FL</b>		City & State <b>Lake Mary, FL</b>	
Zip <b>32746</b>	Country <b>Seminole</b>	Zip <b>32746</b>	Country <b>Seminole</b>
6. Name and Address of Current Registered Agent  <b>USHER, WILLIAM T. 6290 EDGEWATER DR ORLANDO FL 32810</b>		7. Name and Address of New Registered Agent Name <b>Usher, William T.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1025 Greenwood Blvd., Ste 100</b>  City <b>Lake Mary</b> <b>FL</b> Zip Code <b>32746</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CSD</b> <input type="checkbox"/> Delete <b>USHER, WILLIAM T</b> <b>1950 ALBERT LEE PKWY</b> <b>WINTER PARK FL 32789</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>CURRY, JAMES B</b> <b>1000 DUNHURST COURT</b> <b>LONGWOOD FL 32779</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Delete <b>STEINMETZ, CHARLES-F</b> <b>1751 VIA AMALFI</b> <b>WINTER PARK FL 32789</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>William T. Usher</u> <b>WILLIAM T. USHER</b> <b>4-30-00</b> <b>407-297-1274</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)