FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H69233

UDL LABORATORIES, INC.

| FILED |
|----------------------|
| Jun 07, 1999 8:00 am |
| Secretary of State |
| |

06-07-1999 90011 043 ***550.00



| Principal Place of Business Mailing Address | | | | | | I (BBISI) Bill Bill Sills III I III III III III III BIBI III BIBII BIBII BIBII BIBII BIBII BIBII BIBII | | | | |
|---|---|---------------------------------|------------------------|---------|------------------|--|---------------|----------------|------------|--|
| 7265 ULMERTOI | 1718 NORTHROCK CT | | | | | | | | | |
| LARGO FL 3377 | 1 | ATTN TIM WALT | | | | DO NOT WRITE IN THIS SPACE | | | | |
| US | | ROCKFORD IL 61103-1201 US | | | | 3. Date incorporated or Qualifed 08/01/1985 | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | - | 4. FEI Number | $\overline{}$ | Apr | olied For | |
| 21 | | 26 | | | | 59-2557430 | | Not Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | \$8.75 Additional | | | | |
| 22 | | 27 | | | | 3. Certificate of Status Desired | | Fee Rec | quired | |
| City & State | e | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | | | |
| 23 | | 28 | | | | Trust Fund Contribution | | Added to | Fees | |
| Zip | Country | Zip | Count | гy | | 8. This corporation owes the current yea | | | □ | |
| 24 | 25 | _1.T.T.L | 30 | | | Personal Property Tax. | Y | | □No | |
| | 9. Name and Address of Current | t Registered Agent | 9 | 31 | Name | 10. Name and Address of New Register | ea Agein | | | |
| IINIT | ED STATES CORPORATION COM | ADANY | ° | ' ' | Name | | | | | |
| | NORTH MAGNOLIA STREET | IN. WAT | 8 | 32 | Street Addr | ess (P.O. Box Number is Not Acceptable) | | | | |
| | AHASSEE FL 32301 | | - | 33 | | | | | | |
| IALL | AIROOLL IL SESSI | | ° | ,, | | | | | | |
| | | | 8 | 34 | City | | EL 85 | Zip C | ode | |
| 44 5 | | 2 1 507 1500 Florido Ctotuto | - + | | named som | oration submits this statement for the purposi | | ning its | renistered | |
| office or a | egistered agent, or both, in the State of familiar with, and accept the obligat | of Florida. Such change was auf | thorized b | יתז עכ | e corporation | on's board of directors. I hereby accept the ap | ipointme⊓ | t as reg | istered | |
| SIGNATURE | | | | | | d when reinstating) DATE | | | | |
| 45 | Signature, typed or printed name of registered agen | | Registered A | gent si | ignature require | AODITIONS/CHANGES TO OFFICERS | _ | RECTO | RS IN 12 | |
| 12. | OFFICERS AN | D DELETE | 1.1 TITLE | | | ADDITIONS/OTIANOES TO STATE OF THE | | hange | Addition | |
| TITLE | CEDDAIO DONALD | C Decere | 1.2 NAM | | | | _ | v | _ | |
| NAME | SERPAIO, RONALD 7265 ULMERTON RD | | | _ | DDRESS | | | | | |
| STREET ADDRESS | | | I. | | i | | | | | |
| CITY-ST-ZIP | LARGO FL S | ☐ DELETE | 1.4 CITY 2.1 TITLE | | SP | | | hange | Addition | |
| | . T | _ beec. | 2.2 NAM | | | | | • | _ | |
| NAME | FOSTER, ROGER L. | | 2.3 STRE | | DDDEEC | | | | | |
| STREET ADDRESS | | | | |) | | | | | |
| CITY-ST-ZIP | MORGANTOWN WV | □ DELETE | 2. 4 CITA 3.1 TITLE | | ZIP | | | hange | Addition | |
| TITLE | | | | | | | | | | |
| NAME | | | 3 2 NAM | | 000000 | | | | | |
| STREET ADDRESS | | | | | DDRESS | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 3.4. CITY 4.1 TITLE | | ZIP | | ПС | hange | Addition | |
| TITLE | | ☐ DETE 15 | | | | | | | | |
| NAME | | | 4. 2 NAN | _ | DDDESS | | | | | |
| STREET ADDRESS | | | | | DDRESS | | | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY | | ZIP | | | Change | ☐ Addition | |
| TITLE . | | | 5.1 TITLI 5.2 NAM | | | | | ange | | |
| NAME | | | 1 | | INDESS | | | | | |
| STREET ADDRESS | | | | | DDRESS | | | | | |
| CITY-ST-ZIP | | □ DELETE | 5.4 CITY 6.1 TITLI | | LIP | | | Change | Addition | |
| TITLE | | | 6.2 NAM | | | | | go | radiion | |
| NAME | | | | | DDDEGG | | | | | |
| STREET ADDRESS | | | 6.3 STR | tt I Al | DDRESS | | | | | |

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 truster impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: