

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H69233

1. Entity Name

UDL LABORATORIES, INC.

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90089 007 ***150.00

Principal Place of Business

Mailing Address

7265 ULMERTON RD
LARGO FL 33771
US

1718 NORTHROCK CT
ATTN TIM WALT
ROCKFORD IL 61103-1201
US

2. Principal Place of Business

3. Mailing Address

13707 66th STREET N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: Nancy HARRISON

City & State

City & State

LARGO, FLORIDA

Zip

Country

Zip

Country

33771

USA

4. FEI Number

59-2557430

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

UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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)

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

TITLE	V	<input type="checkbox"/> Delete
NAME	SERPAIO, RONALD	
STREET ADDRESS	7265 ULMERTON RD	
CITY-ST-ZIP	LARGO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOSTER, ROGER L.	
STREET ADDRESS	781 CHESTNUT RIDGE RD	
CITY-ST-ZIP	MORGANTOWN WV	
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	

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:

Ronald Serpaio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00 727-538-9377

Date

Daytime Phone #

CR2E034 (9/99)