

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

03-10-2002 90775 001 ***150.00
 03-10-2002 90775 002 *****8.75

DOCUMENT # H88264

1. Entity Name
P.P.B. ENVIRONMENTAL LABORATORIES, INC.

Principal Place of Business 6821 SW ARCHER RD. GAINESVILLE FL 32608	Mailing Address 6821 SW ARCHER RD. GAINESVILLE FL 32608
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2607462		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent SAIER, FRANK P. 1330 N.W. 6TH STREET SUITE B GAINESVILLE FL 33807				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not appropriate) 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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME PARK, MEREDITH THOMAS	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	NAME RONALD F JONES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 524 SW 43RD TERR	CITY-ST-ZIP GAINESVILLE FL		STREET ADDRESS 2241 SW 56th AVE	CITY-ST-ZIP GAINESVILLE, FL 32608	
TITLE STD	NAME PARK, SUSAN ELIZABETH	<input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT	NAME THURMAN WARD DICKENS, JR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 524 SW 43RD TERR	CITY-ST-ZIP GAINESVILLE FL		STREET ADDRESS 4004 SW 20th ST	CITY-ST-ZIP GAINESVILLE, FL 32608	
TITLE VPD	NAME BERGDOLL, MARY KELLY	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ROUTE 2, BOX 453	CITY-ST-ZIP NEWBERRY FL		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		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: *Thurman Ward Dickens, Jr* DATE: **2/26/02** DAYTIME PHONE #: **352-377-2349**

CR2E034 (9/01)