2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

5970-D JOG RD.

LAKE WORTH FL 33467-6509

H90680 **DOCUMENT #**

1. Entity Name

5970-D JOG RD.

P. D. LAB., INC.

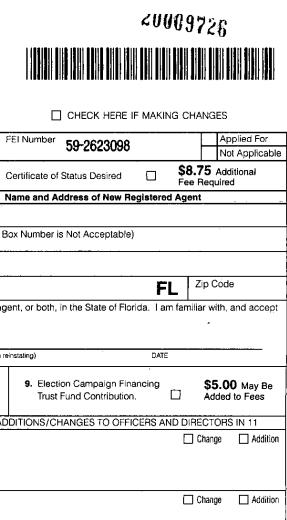
Principal Place of Business

LAKE WORTH FL 33467-6509



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90105 024 ***150.00



2. Principal Place of Business		ess	3. Mailing Address					- I IDAIDII BHR ICHH BORG BHB HBHL BBH BIBH BHBH BHBH BHBH BHBH B		
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES		
City & Stat	te		City	& State			4	4. FEI Number 59-2623098 Applied For Not Applicab		
Zip Country			Zip		Country		5	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Current	Registere	ed Agent			. 7	7. Name and Address of New Registered Agent		
FOX, PET 5970-D JU LAKE WO						Name Street Ad	dress (P.O	O. Box Number is Not Acceptable)		
				•		City		FL Zip Code		
the obligate SIGNATURE	tions of registe	y submits this statement for ered agent. or printed name of registered agent						d agent, or both, in the State of Florida. I am familiar with, and accep		
	Signature, typeo	or printed name of registered agent a	and title if app	olicable. (NUTE	: Hegistere	d Agent signatur	e required whe	hen reinstating) DATE		
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State					9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		
10.		OFFICERS AND	DIRECTO	RS	11.	•		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5970-D JO	ig RD.		☐ Delete	STRE	EET ADDRESS		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	NAM Stre	EET ADDRESS		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- * 등 무실 -			□ Delete	NAM Stre	E ET ADDRESS		Change ☐ Additio		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5970-D JO	FOX, PETER 5970-D JOG RD. LAKE WORTH FL 33467-6509 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Additio						

changed, or on an attachment will SIGNATURE:

REQUITE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #