

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K09701**

1. Entity Name

LABORATORY MANAGEMENT SERVICES, INC.**FILED**
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90016 035 ***150.00

Principal Place of Business

Mailing Address

C/O MICHAEL H. FRONSTIN
565 MEMORIAL CR
ORMOND BEACH FL 32174
USC/O MICHAEL H. FRONSTIN
565 MEMORIAL CR
ORMOND BEACH FL 32174-5001
US

2. Principal Place of Business

3. Mailing Address

C/O MARTIN PEPUS
Suite, Apt. #, etc. ~~PMB SEE~~, 261
2553 N. ATLANTIC AVE.C/O MARTIN PEPUS
Suite, Apt. #, etc. ~~PMB SEE~~, 261
2553 N. ATLANTIC AVE

DO NOT WRITE IN THIS SPACE

City & State

City & State

DAYTONA BEACH FL 32118

DAYTONA BEACH FL 32118

Zip

Country

Zip

Country

32118

VOLUSIA

32118

VOLUSIA

4. FEI Number

59-2863708

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

FRONSTIN, MICHAEL H
104 ST EDWARD PL
PALM BEACH GARDENS FL 33418

Name

PEPUS, MARTIN

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

2553 N. ATLANTIC AVE. ~~SEE~~ ^{PMB} 261

City

DAYTONA BEACH

FL

Zip Code

32118

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

3-15-00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **FRONSTIN, MICHAEL H.**
STREET ADDRESS **104 ST EDWARDS PL**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418** ☒TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PEPUS, MARTIN**
STREET ADDRESS **2553 N ATLANTIC AVE STE 261**
CITY-ST-ZIP **DAYTONA BCH FL 32118**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DOUGLASS, WILLIAM P**
STREET ADDRESS **910 JOHN ANDERSON DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARTIN PEPUS (Pres) 2-22-00 (904) 672 5171