

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90325 049 ***150.00

DOCUMENT # L42637

1. Entity Name

TRI STATE TESTING LAB INC.

Principal Place of Business

**% GREG PETTIS
 HWY 90 EAST/P O BOX 477
 COTTONDALE FL 32431**

Mailing Address

**% GREG PETTIS
 HWY 90 EAST/P O BOX 477
 COTTONDALE FL 32431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2990411

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

**PETTIS, GREG
 HWY 90 EAST
 COTTONDALE FL 32431**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
 NAME **PETTIS, GREG**
 STREET ADDRESS **3706 DOUGLAS FERRY RD**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **PETTIS, ART**
 STREET ADDRESS **1342 LINE RD**
 CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **PETTIS, CINDY**
 STREET ADDRESS **3706 DOUGLAS FERRY RD**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **POTTER, J. ALLEN**
 STREET ADDRESS **1460 OLD BONIFAY ROAD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Vickery, Gerald Dempsey**
 STREET ADDRESS **1488 Rudd Road**
 CITY-ST-ZIP **Cottondale, FL 32431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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

3-29-01

Date

Daytime Phone #

CR2E034 (10/00)