## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L90066

1. Entity Name

DEIBEL LABORATORIES OF FLORIDA, INC.

Principal Place of Business

2. Principal Place of Business

ANDERSON, KENT J.

7101 S TAMIAMI TRAIL

Suite, Apt. #, etc.

City & State

Zip

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

Mailing Address

7165 CURTISS AVE SARASOTA FL 34231 P.O. BOX 1056 OSPREY FL 34229-1056

Suite, Apt. #, etc.

City & State

6. Name and Address of Current Registered Agent

US

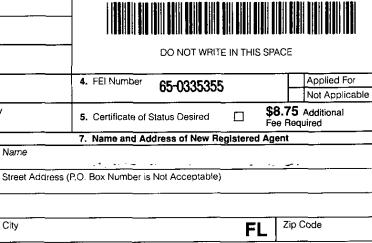
3. Mailing Address

Country

Name

FILED	
May 04, 2000 8:00 a	ım
Secretary of State	

05-04-2000 90023 024 \*\*\*150.00



SUITE A SARASOTA FL 34231 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE TITLE DEIBEL, ROBERT H. NAME NAME 7165 CURTISS AVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE DEIBEL, CAROL L. NAME NAME 7165 CURTISS AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34231 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Defete

☐ Addition

☐ Change