

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000569

1. Entity Name

ROMARK LABORATORIES, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 AM 11:59

Principal Place of Business  
6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 880  
TAMPA FL 33607

Mailing Address  
6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 880  
TAMPA FL 33607-5912



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3276909

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYERS, MARC S  
6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 880  
TAMPA FL 33607

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.

NO CHANGE

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MARC S. AYERS, PRESIDENT

26 JAN. 2000

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME ROSSIGNOL, JEAN-FRANCOIS  
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY  
CITY-ST-ZIP TAMPA FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4000003123184--4  
-02/03/00--01102--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR  
NAME AYERS, MARC S  
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY  
CITY-ST-ZIP TAMPA FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MEM  
NAME ROSSIGNOL, JEAN-FRANCOIS  
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY  
CITY-ST-ZIP TAMPA FL 33607

TITLE  
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

26 JAN 2000 813-282-8544

Date

Daytime Phone #