

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90002 021 \*\*\*\*61.25

**DOCUMENT # N48357**

1. Entity Name

**FLORIDA TEACHING AND RESEARCH LABORATORIES, INC.**



Principal Place of Business

Mailing Address

1470 TREELAND BLVD SE  
 PALM BAY FL 32909  
 US

1519 CLEARLAKE RD.  
 COCOA FL 32922

**AUU7660U**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3117858**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MATHENY, JOE D ESQ.**  
**355 INDIAN RIVER AVENUE**  
**TITUSVILLE FL 32796**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **CD**  Delete  
 NAME: **NUNGESSER, GARY**  
 STREET ADDRESS: **2115 PALM BAY ROAD, SUITE 2E**  
 CITY-ST-ZIP: **PALM BAY FL 32905**

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

TITLE: **D**  Delete  
 NAME: **JEFFRIES, BEN**  
 STREET ADDRESS: **201 E. NEW HAVEN AVE.**  
 CITY-ST-ZIP: **MELBOURNE FL 32901**

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

TITLE: **D**  Delete  
 NAME: **LAIBL, JAMES**  
 STREET ADDRESS: **MAIL STOP 58-040, P.O. BOX 833**  
 CITY-ST-ZIP: **MELBOURNE FL 32902-0883**

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

TITLE: **D**  Delete  
 NAME: **HANDLEY, JAMES**  
 STREET ADDRESS: **10 WILLOW GREEN DR.**  
 CITY-ST-ZIP: **COCOA BEACH FL 32931**

TITLE: **D**  Change  Addition  
 NAME: **JOHNSON, EUGENE**  
 STREET ADDRESS: **531 FIRST AVE.**  
 CITY-ST-ZIP: **SATELLITE BEACH, FL 32937**

TITLE: **D**  Delete  
 NAME: **CONROY, MATT**  
 STREET ADDRESS: **1282 CIMARRON CIRCLE**  
 CITY-ST-ZIP: **PALM BAY FL 32905**

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

TITLE: **D**  Delete  
 NAME: **SMITH, CHERYL**  
 STREET ADDRESS: **1766 CANOVA ST., SE**  
 CITY-ST-ZIP: **PALM BAY FL 32909**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

7-00-01

CR2E037 (10/00)