

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48357

1. Entity Name

FLORIDA TEACHING AND RESEARCH LABORATORIES, INC.



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

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

Principal Place of Business

Mailing Address

1470 TREELAND BLVD SE
PALM BAY FL 32909
US

1519 CLEARLAKE RD.
COCOA FL 32922

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

59-3117858

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

Name

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

City

FL

Zip Code

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

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 REQUIRED

7-00-01

CR2E037 (10/00)