

2001 UNIFORM BUSINESS REPORT (ULR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

05-18-2001 91562 031 ***150.00

DOCUMENT # P00000012618

1. Entity Name

ENCORE LAB & ANALYTICAL, INC.

Principal Place of Business

766 BIG TREE DRIVE SUITE 104
 LONGWOOD FL 32750

Mailing Address

766 BIG TREE DRIVE SUITE 104
 LONGWOOD FL 32750

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

59-3623217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BAHING, JOHN B
C/O TEST EQUIPMENT CONNECTION CORP.
525 TECHNOLOGY PARK SUITE 153
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name: Gatz, Raymond John
Street Address (P.O. Box Number is Not Acceptable): 2360 Rambling River On.
City: Sanford, FL **Zip Code: 32771**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

6-12-01

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	D	<input checked="" type="checkbox"/> Delete
NAME	GAVIN, DONALD F JR	
STREET ADDRESS	525 TECHNOLOGY PARK SUITE 153	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAHING, JOHN B	
STREET ADDRESS	525 TECHNOLOGY PARK SUITE 153	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	GATZ, RAYMOND J III	
STREET ADDRESS	766 BIG TREE DRIVE SUITE 104	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 my address, with all other like empowered.

SIGNATURE:

[Signature]

4-28-01

Date

(407) 339-0112

Daytime Phone

CR2E034 (10/00)