

DOCUMENT # P00000023293

1. Entity Name UNITED TESTING LABS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

411 S. HIGHWAY 33

3. Mailing Address

P.O. BOX 120924

Suite, Apt. #, etc.  
SUITE C

Suite, Apt. #, etc.

City & State  
GROVELAND, FLACity & State  
CLERMONT, FLA

4. FEI Number

59-3630855

Applied For

Not Applicable

Zip 34736

Country LAKE

Zip 34711

Country LAKE

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KURT E. THALWITZER  
MATEER & HERBERT PA  
225 E. ROBINSON ST. STE 600  
ORLANDO, FLORIDA 32801

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP      | <input type="checkbox"/> Delete |
|---|---------------------------------|
| TITLE<br>NAME<br>REET ADDRESS<br>Y-ST-ZIP | <input type="checkbox"/> Delete |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP      | <input type="checkbox"/> Delete |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP      | <input type="checkbox"/> Delete |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP      | <input type="checkbox"/> Delete |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP      | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|--|
| PRESIDENT/TREASURER<br>JUSTIN LUKE PAYNE<br>792 MONTROSE AVE. APT #5<br>CLERMONT, FLA 34711         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| VICE PRESIDENT/SECRETARY<br>GERALD ROBERT CARNEY<br>253 E. MAPLE STREET<br>WINTER GARDEN, FLA 34787 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| VICE PRESIDENT<br>WAYNE BLOCK<br>10343 THOMPSON PLACE<br>CLERMONT, FLA 34711                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUSTIN LUKE PAYNE

4-27-01

Date

352-429-5588

Daytime Phone #

Page 1 of 2

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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CR2E034 (11/00)



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**United Testing Labs, Inc.**

411 S. Hwy. 33, Suite C  
Groveland, FL 34736

352-429-5588 • Fax 352-429-5848

June 25, 2001

Florida Department of State  
Divisions of Corporation  
P. O. Box 6327  
Tallahassee, Florida 32314

Subject: United Testing Labs  
P00000023293

Dear Florida Department of State:

In reference to your letter dated June 1, 2001, you requested that we revise our annual report/uniform business (see attached letter). We did not change our registered agent. We have revised the report and added the firm name of the agent to the report.

If you should need any additional information, please contact me at 407-422-2532.

Sincerely,

Darlene Sanders