

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000060306****1. Entity Name**
GORDON LABORATORIES, INC.**FILED**
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90036 044 ***150.00

Principal Place of Business12585 ULMERTON ROAD
LARGO FL 33774**Mailing Address**12585 ULMERTON ROAD
LARGO FL 33774**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

59-3661352

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**GORDON, GLENN D
12585 ULMERTON ROAD
LARGO FL 33774

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 _____

**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 / P** ☐ Delete
NAME **GORDON, GLENN D**
STREET ADDRESS **4908 SOUTH SHORE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S/T** ☐ Delete
NAME **GORDON, JULIE M**
STREET ADDRESS **4908 SOUTH SHORE DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 an address, with all other like empowered.****SIGNATURE:** *Julie M Gordon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIE M GORDON

03/22/01

Date

(727) 595-3502

Daytime Phone #

CR2E034 (10/00)