

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116961

1. Entity Name

HIDDEN LABS, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90190 041 ***150.00

Principal Place of Business

688 HAWKS TRACE DRIVE
JACKSONVILLE FL 32225

Mailing Address

688 HAWKS TRACE DRIVE
JACKSONVILLE FL 32225

2. Principal Place of Business

20 South First St.

3. Mailing Address

20 South First St.

Suite, Apt. #, etc.

Suite # 5

Suite, Apt. #, etc.

Suite # 5

City & State

Jacksonville Beach FL

City & State

Jacksonville Beach FL

4. FFL Number

59-3688469

Applied For

Not Applicable

Zip

32250

Country

DUAL

Zip

32250

Country

DUAL

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

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
SUITE 1114
MIAMI BEACH FL 33139

Name

Crabtree & Fallar

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

8777 San Jose Blvd.

Building A, Suite 200

City

Jacksonville

FL

Zip Code

32217

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

TITLE ☐ Delete

NAME D, C

FOSS, MARK

STREET ADDRESS 688 HAWKS TRACE DRIVE

CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete

NAME D, P

GREEN, JASON

STREET ADDRESS 2495 GLADE SPRINGS DRIVE

CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ Delete

NAME D

COOK, KEVIN

STREET ADDRESS 20 SOUTH FIRST STREET SUITE #7

CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME Director

NEIL P. CARRION

STREET ADDRESS 10010 Belle River Blvd Apt 1707

CITY-ST-ZIP Jacksonville, FL 32256

TITLE ☐ Change ☒ Addition

NAME Director

CHRISTOPHER STEELS

STREET ADDRESS 3221 Herschel St #2

CITY-ST-ZIP Jacksonville FL 32205

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)