## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

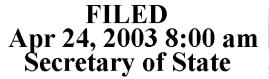
## **DOCUMENT#**

P01000006802

1. Entity Name



LAB CENTRAL, INC.



04-24-2003 90198 045 \*\*\*150.00

Principal Place of Business 2752 CYPRESS HEAD TRAIL OVIEDO FL 32765			Mailing Address 2752 CYPRESS HEAD TRAIL OVIEDO FL 32765								
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State				FEI Number 59-3693848	ļ	oplied For	
Zip Country			Zip Co			untry		Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name	and Address of Current	Register	Registered Agent			7.	Name and Address of New Registered	Agent		
	-	- · · · · · · · · · · · · · · · · · · ·					- 5 - 4	the contract of the contract o			
DAYSON, DARRYL 2752 CYPRESS HEAD TRAIL							Street Address (P.O. Box Number is Not Acceptable)				
OVIEDO FL 32765											
		~ ·***				City		FL	Zip Cod	Э	
8. The above the obligat	named entit tions of regis	sur hits this statement of leved agent.	or the purp	oose of changing its	registere	ed office or re	egistered ag	gent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Signatur, typed	or printed name of egister diagent	之	elicable (NOTE	- Panistan	d Agent signature		4/ZI/03 reinstating) DATE			
			and the map	T (NOTE	_ negisterei	a Agent signature	required witerin	Tellistating) - DATE			
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00						9. Election Campaign Financing Trust Fund Contribution.		<b>0</b> May Be to Fees	
	k Payable to	Florida Department o									
10.	· .	OFFICERS AND	DIRECTO		11.		Αſ	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS	D Dayson, 2752 Cyp	DARRYL PRESS HEAD TRAIL		☐ Delete	NAMI STRE				Change	☐ Addition	
CITY-ST-ZIP	OVIEDO F	L 32765			CITY	-ST-ZIP					
TITLE NAME	D DAYSON,			☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	2752 CYP   OVIEDO F	ress head trail 'L 32765				ET ADDRESS -ST-ZIP			•		
TITLE NAME			_	☐ Delete	TITLE		_		☐ Change	☐ Addition	
STREET ADDRESS City-St-Zip					STRE	ET ADDRESS ST-ZIP					
TITLE NAME				☐ Delete	TITLE	ſ			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS ST-ZIP					
TITLE NAME				☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			-		STRE	ET ADDRESS -ST-ZIP					
TITLE NAME				☐ Delete	TITLE	<u>:</u>			☐ Change	Addition	
STREET ADDRESS						ET ADDRESS				}	

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 of the corporation or the receiver of the corporation or the receiver of the corporation of the corp of the corporation or the received changed, or on an attachment w

SIGNATURE: