FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am Secretary of State

A IMALABS, TNC. DO NOT WRITE IN THIS SPACE 2. Prescue Proce of Survive Process of Survi	DOCUMENT # POI OOOD	61079	05-16-2002 90004 034 ***150.00
DO NOT WRITE IN THIS SPACE 2. Prince of Place of Storing Access 1.5. Mailing Assess 1.5. Since, Apr. 1.5. S	AIMLABS, INC.		
Side, Agr. 4. C. Side, Agr. 4. Sid			000~~
CRY Sale CRY	2432 VISIA CT. 243	2 Vista CT.	
ASSELBERRY, FL CASSELBERRY, FL S2.2.3.3.7.4" Met Applicable 38.75 A Modificate 58.75 A	Suite 210 Sui	te 210	DO NOT WRITE IN THIS SPACE
DO NOT WRITE IN THIS SPACE See a profession of the purpose of changing its recipitance of office and address of Current Registered Appeal See a profession of the purpose of changing its recipitance of office and address of Current Registered Appeal See a profession of the purpose of changing its recipitance of office and address of Current Registered Appeal See a profession of the purpose of changing its recipitance of office and address of Current Registered Appeal See a profession of the purpose of changing its recipitance of office and address of Current Registered Appeal See a profession of the purpose of changing its recipitance of office and address of Current Registered Appeal See a profession of the purpose of changing its recipitance of office and address of Current Registered Appeal See a profession of the purpose of changing its recipitance of the purpose of the purpose of changing its recipitance of the purpose of changing its recipitance of the purpose of the p	CASSELBERRY, FL City & Sta	SELBERRY FL.	! ! !
DO NOT WRITE IN THIS SPACE Name		777	5. Certificate of Status Desired \$8.75 Additional
DO NOT WRITE IN THIS SPACE Steel Address (E.P. Son Number Is, Via Argispatile) 43 4 City Long Wood Steel Provide Control of the purpose of changing its registered office or registed segent, or both, in the State of Florida. SIGNATURE Synotre speed functioned agriculture and formers agriculture agricult	36 / 0 / 36 /	Name	7. Name and Address of Current Registered Agent
IN THIS SPACE City Longwood with submittying statement for the purpose of chenging its registered office or of discovery of the registered of	DO NOT WRITE		bert Terrenzio esq.
City Long Woods FL Zip Code 35 77 9 8. The above namid entity submits his statement for the purpose of changing its registered office or registed agent, or both, in the State of Florida. SIGNATURE Product Special and a state of purposed for a concentration of the purpose of changing its registered office or registed agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intrangible Tax filling registerement and elects to do so. Amended URI is \$15.00 Amended URI is \$51.50 Trust Fund Commission. 0. SFORM May Be Added to Face \$5.00 May Be		Street Address	57A7E ROAD 434
8. The above named entity submits this statement for the purpose of changing its registered office or registered office or rooft, in the State of Floridae. SIGNATURE South Proof Floridae name of proposed applications and allocations. PLL 1991 Fee is \$150.00 Amended UBR is \$51.20 1. OFFICERS AND DIRECTORS THE NAME THE NAM	IN THIS SPACE		
SIGNATURE Suppose, speed where the present spall and like approaches. POTE Registered Spall supposed about the approaches. POTE Registered Spall supposed Spall suppose		LON	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do 50. After May 1. Fee is \$550.00 After May 1. Fee is \$50.00 After May 1. Fee is \$550.00 After May 1. Fee is \$550.00 After May 1. Fee is \$550.00 After May 1. Fee is \$50.00 After May 1.	8. The above named entity submits this statement for the purpose of	f changing its registered office or registe	ed agent, or both, in the State of Florida.
After Mey 1, Fee is \$550.00 May Be 70X filter; requirement and elects to do so. After Mey 1, Fee is \$550.00 May Be 70X filter; requirement and elects to do so. Amended USB is \$51.25 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE NAME 79 5 5 LARIMER R TITLE NAME 79 5 5 LARIMER R TITLE NAME 79 5 5 LARIMER R TITLE NAME 11. OFFICERS AND DIRECTORS TITLE NAME 24 3 2 V S TA CT. # 2 O CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TON STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE		NOTE: Registered Agent signature required	J when reinstating) 4/26/07
TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	Tax filing requirement and elects to do so	After May 1, Fee is \$550.00 Amended UBR is \$61.25	Trust Fund Contribution. Added to Fees
CITY-ST-ZP GREENVILLE OHIO 45351 CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP CASSELBGRRY FL. 33.707 TITLE NAME STREET ADDRESS CITY-ST-ZP DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	11. OFFICERS AND DIRECTORS		
CITY-ST-ZP GREENVILLE OHIO 45351 CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP CASSELBGRRY FL. 33.707 TITLE NAME STREET ADDRESS CITY-ST-ZP DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	NAME KIN J. LYONS	R A . NAME	Ş
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	STREET ADDRESS 7955 LARIMEN CONTY-ST-ZIP GREEN VILLE OHIO	STREET ADDRESS UTY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	TIPLE 11/T	πιε	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	STREET ADDRESS 2432 VISTA CT. #	210 STREET ADDRESS	
NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TI	CASSELBERRY FL. 3		
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET		TITLE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S		NAME	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	,	STREET ADDRESS	DO NOT WRITE
TITLE 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 on an attachment with an address, with all other time empowered. SIGNATURE: What I was a state of the composition of the receiver or trustee empowered. **The composition of 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 on an attachment with an address, with all other time empowered. **SIGNATURE:** **The composition of the receiver or trustee empowered.** **The composition of the receiver of trustee empowered.** **The composition of the receiver of trustee empowered.** **SIGNATURE:** **The composition of the receiver of trustee empowered.** **The composition of the receiver of the composition	CITY-ST-ZIP TITLE	STREET ADDRESS CITY-ST-ZIP TITLE	
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP 13. I hereby certify that the information supplied with this filting 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 on an attachment with an address, with all other life empowered. SIGNATURE: And	CITY-ST-ZIP TITLE NAME	STREET ADDRESS CITY-ST-ZIP TITLE NAME	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filting 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 on an attachment with an address, with all other lighe empowered. SIGNATURE: And April 237-459-0111	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filting 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 on an attachment with an address, with all other lighe empowered. SIGNATURE: When I 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 on an attachment with an address, with all other lighe empowered. SIGNATURE: When I 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 on an attachment with an address, with all other lighe empowered.	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	
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 on an attachment with an address, with all other injection of the corporation of the receiver of trustee empowered. SIGNATURE: Y/16/02 937-459-0111	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	
13. I hereby certify that the information supplied with this filting 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 on an attachment with an address, with all other loge empowered. SIGNATURE: Y/16/02 937-459-011	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 on an attachment with an address, with all other lighe empowered. SIGNATURE: Y/16/02 937-459-011	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	
SIGNATURE: SIGNATURE: President (Kim J. Lyons) 4/26/02 937-459-011	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this fitting does indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to exec	STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TOTAL TOTAL TOTAL THE PROPERTY OF T	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director of Florida Statutes, and that my name appears in Diffect 17 on an