## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Apr 23, 2003 8:00 am Secretary of State P01000084440 DOCUMENT # 1. Entity Name 04-23-2003 90185 015 \*\*\*150.00 WHITMAN LABORATORIES, INC. Principal Place of Business Mailing Address 12399 BELCHER RD SOUTH 12399 BELCHER RD SOUTH STE 160 STE 160 LARGO FL 33773 **LARGO FL 33773** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied:For 59-3741444 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TANESA, MANDEEP K formed 12399 BELCHER RDD SOUTH STE 160 **LARGO FL 33773** City ar40 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. I am familiar with, and accept the obligations of registered agent MANDER KITANETA (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) TITLE Delete TITLE ☐ Change ☐ Addition TANEJA, JUGAL K NAME NAME STREET ADDRESS 6950 BRYAN DAIRY ROAD STREET ADDRESS CITY-ST-ZIP **LARGO FL 33777** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TANEJA, MIHIR K NAME STREET ADDRESS 6950 BRYAN DAIRY ROAD STREET ADDRESS CITY-ST-ZIP LARGO FL 33777 CITY-ST-ZIP **PSTD** TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME TANEJA, MANDEEP K STREET ADDRESS 12399 BELCHER RD SOUTH, STE 160 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

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FILED