

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01711

1. Entity Name

INFOLAB, INC.

Principal Place of Business

P.O. BOX 1309
CLARKSDALE MS 38614

Mailing Address

P.O. BOX 1309
CLARKSDALE MS 38614-1309

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

64-0470300

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

SPRADLING, JOEL S
5542 SOUTH WEST 6TH PLACE
OCALA FL 34474

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, 2000 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 PD
NAME SPRADLING, I. DEAN
STREET ADDRESS 1735 MAYWOOD PLACE
CITY-ST-ZIP CLARKSDALE MS 38614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME BUCK, LAMAR
STREET ADDRESS 124 SENECA
CITY-ST-ZIP HELENA AR 72342 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME SANDS, RAYMOND B.
STREET ADDRESS 241-4TH NORTH ST EAST
CITY-ST-ZIP TUNICA MS 38676 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SPRADLING, JOEL S.
STREET ADDRESS 5542 SOUTH WEST 6TH PLACE
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JONES, FORREST
STREET ADDRESS 101 THOMAS
CITY-ST-ZIP CLEVELAND MS 38732 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME RASBURY, WAYNE
STREET ADDRESS 80 WOODGATE ROAD
CITY-ST-ZIP RINGGOLD GA 30736 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

I. Dean Spradling

Date

Daytime Phone #

662-627-2283



DO NOT WRITE IN THIS SPACE

CL 10430001