

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90031 024 ***150.00

DOCUMENT # P02000055461

1. Entity Name
AMERICAN TEST LAB, INC.



Principal Place of Business
**6795 NW 17 AVE.
FORT LAUDERDALE FL 33309**

Mailing Address
**6795 NW 17 AVE.
FORT LAUDERDALE FL 33309**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4675 NW 103 AVE
Suite, Apt. #, etc.

3. Mailing Address
4675 NW 103 AVE
Suite, Apt. #, etc.

City & State
SUNRISE, FLA.
Zip
33351
Country
USA

City & State
SUNRISE FLA.
Zip
33351
Country
USA

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DOODY, D J
3099 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 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.

SIGNATURE:

SIGNATURE REQUIRED **GEORGE A. SIVORE JR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03 954-747-1965
Date Daytime Phone #

CR2E034 (10/02)