

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 91775 046 ***150.00

DOCUMENT # P02000085623

1. Entity Name
COLUMBIA LABORATORY SERVICES, INC.



Principal Place of Business
**4350 OAKES RD #522
DAVIE FL 33314**

Mailing Address
**4350 OAKES RD #522
DAVIE FL 33314**

55045653



2. Principal Place of Business
4330 W. Broward Blvd

3. Mailing Address
P.O. Box 290190

Suite, Apt. #, etc.
Suite L

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Plantation FL

City & State
FT. Lauderdale, FL

4. FEI Number
59-376 9040

Applied For
☐ Not Applicable

Zip
33317

Country

Zip
33329-0190

Country

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

**MITCHELL, A.J.
4350 OAKES RD #522
DAVIE FL 33314**

Name
A.J. Mitchell
Street Address (P.O. Box Number is Not Acceptable)
4330 W. Broward Blvd Suite L
City
Plantation FL Zip Code
33317

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

(NOTE: Registered Agent signature required when reinstating)

480-03

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
**President
A.J. Mitchell
4330 W. Broward Blvd Suite L
Plantation, FL 33317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-03 954-625-0820

CR2034 (10/02)