

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90185 016 ***150.00

DOCUMENT # P02000113270

1. Entity Name
INDIAN RIVER LABS, INC.



Principal Place of Business
**433 MOORE PARK LANE
MERRITT ISLAND FL 32952**

Mailing Address
**433 MOORE PARK LANE
MERRITT ISLAND FL 32952**

2. Principal Place of Business
6815 WOODMERE RD.

Suite, Apt. #, etc.

RAY 1

City & State

SEBASTIAN, FLORIDA

Zip

32958

Country

USA

3. Mailing Address
6815 WOODMERE RD.

Suite, Apt. #, etc.

RAY 1

City & State

SEBASTIAN, FL

Zip

32958

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
61-1430695

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

**DICKINSON, DAVID
433 MOORE PARK LANE
MERRITT ISLAND FL 32952**

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
D CUMMINS, BARRY ☐ Delete
1203 EGRET AVE.
FT. PIERCE FL 34982

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D CREASEY, DAVID ☐ Delete
21956 FM 2090
SPENDORA TX 77372

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P CREASEY, DAVID ☒ Change ☐ Addition
1505 FAIRWAY CIRCLE, APT 306A
VERO BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D DICKINSON, DAVID ☐ Delete
433 MOORE PARK LANE
MERRITT ISLAND FL 32952

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D KIRBY, RICHARD ☐ Delete
48 FORREST ST., UNIT 203
MEDFORD MA 02155

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D BRUTTI, RICHARD ☐ Delete
14 PINE RIDGE RD.
ARLINGTON MA 02476

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

DAVID L. DICKINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/03 321 452 4688

CR2E034 (10/02)