2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000043115**

SIGNATURE

11.

TITLE NAME

DDLF

NAME

STREET ADDRESS

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CITY-ST-ZIP

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TITLE

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

GARDNER, DAVID M

945 S LAKESHORE

POST, RICHARD W.

203 CHURCHILL DR

LONGWOOD FL

LAKE ALFRED FL

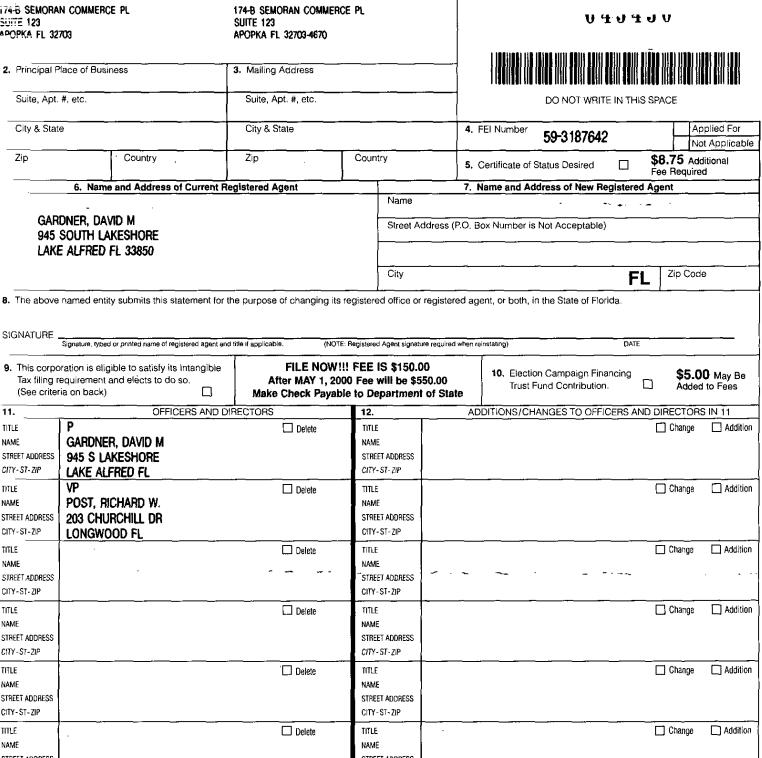
Tax filing requirement and elècts to do so.

(See criteria on back)

FLORIDA ECOLOGICAL LABORATORIES, INC. Mailing Address Principal Place of Business 174-B SEMORAN COMMERCE PL 174-6 SEMORAN COMMERCE PL SUITE 123 **SUITE 123** APOPKA FL 32703 APOPKA FL 32703-4670 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name GARDNER, DAVID M 945 SOUTH LAKESHORE LAKE ALFRED FL 33850 City

FILED May 03, 2000 8:00 am Secretary of State

05-03-2000 90004 002 ***150.00



13. Thereby 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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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NAME STREET ADDRESS

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STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

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SIGNATURE:

4-19-10 407-889-0199
Date Dayline Phone *

CR2E034 (9/99)