

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90081 016 ***150.00

DOCUMENT # P93000071842

1. Entity Name

S.P.F. CONSULTING LABS, INC.

Principal Place of Business

**4780 SW 12TH ST
FT LAUDERDALE FL 33317**

Mailing Address

**4780 SW 12TH ST
FT LAUDERDALE FL 33317-4831**

908635



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1425 SW 1st Ct.

Suite, Apt. #, etc.

Suite #23

3. Mailing Address

1425 SW 1st Ct

Suite, Apt. #, etc.

Suite #23

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33069

Country

Broward

Zip

33069

Country

Broward

4. FEI Number

65-0455811

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAUGHAN, CHRISTOPHER D.
4780 SW 12TH ST
FT. LAUD FL 33317**

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.

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

TITLE **D** ☐ Delete
NAME **VAUGHAN, CHRISTOPHER D**
STREET ADDRESS **4780 SW 12TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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

JAN 13 2000

Date

Daytime Phone #

(954) 942-8955

CR2E034 (9/99)