

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000078317

1. Entity Name

PH LABORATORIES, INC.

FILED

Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90186 005 \*\*\*150.00

Principal Place of Business

Mailing Address

1001 N US HWY 1  
STE 409  
JUPITER FL 33477  
US

1001 N US HWY 1  
STE 409  
JUPITER FL 33477  
US

00035545



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0450554

Applied For

Not Applicable

Zip

Country

Zip

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

BONGARD, THOMAS G  
6217 WOODLAKE RD  
JUPITER FL 33-5458

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, 2001 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

12. 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 type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	BONGARD, THOMAS G	6217 WOODLAKE ROAD	JUPITER FL 33458	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VDS	BONGARD, BARBARA	6217 WOODLAKE ROAD	JUPITER FL 33458	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	BONGARD, TYRONE	6217 WOOD LAKE ROAD	JUPITER FL 33458	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Barbara J. Bongard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara J. Bongard  
Vice President

April 10, 01 561  
Date Daytime Phone #

CR2E034 (10/00)