

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90001 006 ***150.00

DOCUMENT # P94000047269

1. Entity Name
CERTIFIED TESTING LABORATORIES-ARCHITECTURAL, IN

Principal Place of Business 7252 NARCOOSSEE RD ORLANDO FL 32822	Mailing Address 7252 NARCOOSSEE RD SUITE B ORLANDO FL 32822-5534 US
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00040330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3257140	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent BLAKELY, JUDY M 13942 LAMONT DRIVE ORLANDO GF 32832	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D <input checked="" type="checkbox"/> Delete TITLE: BLAKELY, WILLIAM R STREET ADDRESS: 13942 LAMONT DRIVE CITY-ST-ZIP: ORLANDO GF 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE: D NAME: BLAKELY, TRACY STREET ADDRESS: 12601 MARIBOU CIRCLE CITY-ST-ZIP: ORLANDO, FL 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP <input type="checkbox"/> Delete TITLE: BLAKELY, JAMES STREET ADDRESS: 4999 HEATHERSTONE PLACE CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P <input type="checkbox"/> Delete TITLE: BLAKELY, WILLIAM STREET ADDRESS: 13942 LAMONT DR CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T <input type="checkbox"/> Delete TITLE: BLAKELY, JUDY STREET ADDRESS: 13942 LAMONT DR CITY-ST-ZIP: ORLANDO FL 32832	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S <input type="checkbox"/> Delete TITLE: BALLANTYNE, DAWN STREET ADDRESS: 14051 MARINE CT CITY-ST-ZIP: ORLANDO FL 32832	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dawn Ballantyne **DAWN BALLANTYNE** 42400 407-384-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)