

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

May 23, 2000 8:00 am
Secretary of State

04-22-2000 90127 028 ***150.00

DOCUMENT # P95000002859

1. Entity Name

* NATIONAL DIAGNOSTICS/ORANGE PARK, INC.

Principal Place of Business

1996 KINGSLEY AVE
ORANGE PARK FL 32073
US

Mailing Address

6800 N. DALE MABRY
STE. 100
TAMPA FL 33614-3984
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3294421

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Charles Broes C.E.O.

Street Address (P.O. Box Number is Not Acceptable)

6800 N. Dale Mabry Hwy

Suite 100

City

Tampa

FL

Zip Code

33614

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLISTON, CURTIS L	
STREET ADDRESS	755 W BRANDON BLVD	
CITY - ST - ZIP	BRANDON FL 33511	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BAUGH, RONALD	
STREET ADDRESS	1996 KINGSLEY AVE	
CITY - ST - ZIP	ORANGE PARK FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C.E.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Broes	
STREET ADDRESS	6800 N. Dale Mabry #100	
CITY - ST - ZIP	Tampa, FL 33614	

TITLE	President - C.O.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cardwell Nichols	
STREET ADDRESS	6800 N. Dale Mabry Hwy	
CITY - ST - ZIP	Tampa, FL 33614	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

C.E.O. 4/14/00 8138826367

Date

Daytime Phone #