

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005577

1. Entity Name
STATE OF THE ART DIAGNOSTIC TESTING, INC.

Principal Place of Business
8391 76TH AVENUE
LARGO FL 33777-4419
US

Mailing Address
8391 76TH AVENUE
LARGO FL 33777-4419
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 59-3288942

Applied For

Not Applicable

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

WILSON, SUE A
8391 76TH AVENUE NORTH
LARGO FL 34647

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	P	<input type="checkbox"/> Delete
NAME	WILSON, CHRITOPHER	
STREET ADDRESS	21 PRIMROSE LANE	
CITY-ST-ZIP	OSWEGO IL 60543	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAUER, MELVIN	
STREET ADDRESS	850 119 AVENUE	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILSON, SUE A	
STREET ADDRESS	8391 76 AVE	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sue Ann Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue Ann Wilson

Date

Daytime Phone #

4-9-01

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90151 017 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)