

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091101

1. Entity Name

CIRCLE LABORATORIES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90467 039 ***150.00

Principal Place of Business

2730 NW 29TH TERR
 FT LAUDERDALE FL 33311
 US

Mailing Address

2730 NW 29TH TERR
 FT LAUDERDALE FL 33311-2037
 US

2. Principal Place of Business

8740 NW 18 STREET

3. Mailing Address

8740 NW 18 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL 33071

Zip 33071

Country USA

Zip 33071

Country USA

4. FEI Number

65-0648356

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

LEGAL INFORMATION SERVICES INC
 1290 WESTON ROAD
 SUITE 300
 FT LAUDERDALE FL 33326

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME WOLFE, DAVID M
 STREET ADDRESS 2730 NW 29TH TERR
 CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 8740 NW 18 STREET
 CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE VTD
 NAME WOLFE, EILEEN M
 STREET ADDRESS 2730 NW 29TH TERR
 CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 8740 NW 18 STREET
 CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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

Eileen M. Wolfe Eileen M. Wolfe

4/27/00

954-345-9938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)