

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
ALABAMA, FLORIDA

DOCUMENT # **P96000060495**

1. Entity Name
ACCULAB LABORATORIES, INC.

Principal Place of Business Mailing Address
4111 NORTH LOCKWOOD RIDGE ROAD **SAME**
SARASOTA, FLORIDA 34234

2. Principal Place of Business 3. Mailing Address
4111 NORTH LOCKWOOD RIDGE ROAD **4111 NORTH LOCKWOOD RIDGE ROAD**
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
SARASOTA, FLORIDA **SARASOTA, FLORIDA** **65-0722053** Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
34234 **USA** **34234** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
JOHN SMITH Name
4111 NORTH LOCKWOOD RIDGE ROAD Street Address (P.O. Box Number is Not Acceptable)
SARASOTA, FLORIDA 34234 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 TD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MICHAEL CROMWELL 4111 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003297587--5 -06/20/00--01064--022 ****558.75 ****558.75
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: **Michael Cromwell** **6-8-2000** **(941) 351-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #