

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000020514**

1. Entity Name

INTERNATIONAL STERILIZATION LABORATORY CORPORATI**FILED**
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90056 002 ***158.75

C0006799

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

217 SAMPEY ROAD
GROVELAND FL 34736**217 SAMPEY ROAD**
GROVELAND FL 34736-3305

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

36-4077025

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****MURPHY, MICHAEL J**
217 SAMPEY ROAD
GROVELAND FL 34736

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 State10. 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 **CD** ☐ Delete
NAME **PANDYA, SUMAN D**
STREET ADDRESS **2223 PAPRIKA DR**
CITY-ST-ZIP **ORLANDO FL 32837**TITLE **D** ☐ Change ☒ Addition
NAME **Janak Pandya**
STREET ADDRESS **10118 Foxhurst Ct**
CITY-ST-ZIP **Orlando, FL - 32836**TITLE **D** ☐ Delete
NAME **MURPHY, MICHAEL J**
STREET ADDRESS **18835 STARCREST LN**
CITY-ST-ZIP **CLERMONT FL 34711**TITLE **D** ☐ Change ☒ Addition
NAME **Yashvant Patel**
STREET ADDRESS **6963 Gaines Ridge Road**
CITY-ST-ZIP **Columbus - GA - 31904**TITLE **D** ☐ Delete
NAME **PATEL, BIPIN**
STREET ADDRESS **310 WINTER HAVEN WAY**
CITY-ST-ZIP **COLUMBUS GA 31904**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BHUSHIT, DIXIT**
STREET ADDRESS **1474 MILLINGTON RD**
CITY-ST-ZIP **COLUMBUS GA 31904**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **JOSHI, HARSHVADAN**
STREET ADDRESS **6301 BROOKSTONE BLVD**
CITY-ST-ZIP **COLUMBUS GA 31904**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

SUMAN PANDYA
CEO

Date

Daytime Phone #

1/4/00**352-424-3200**

CR2E034 (9/99)