## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 17, 2001 8:00 am Secretary of State DOCUMENT # P97000032968 1. Entity Name 05-17-2001 91076 008 \*\*\*150.00 L & J CALIBRATIONS, INC. Principal Place of Business Mailing Address 4311 CRYSTAL LAKE DR 265 S FEDERAL HWY PMB 304 STE 121 nao55042 POMPANO BEACH FL 33064 DEERFIELD BEACH FL 33441 us 2. Principal Place of Business 3. Mailing Address 4th Court 1681 SE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE リト 4. FEI Number Applied For City & State City & State 65-0744657 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33441 AMERICA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7 OHV GUFFRIDA GIUFFRIDA, JOHN 4311 CRYSTAL LAKE DRIVE **UNIT 121** POMPANO BEACH FL 33064 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 (NOTE: Registered Agent signature required when reinstating) d or printed name of registered agent FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT TITLE Delete TITLE JOHN GIUFFRIDA NAME GIUFFRIDA, JOHN NAME 1681 SE 4th COURT STREET ADDRESS STREET ADDRESS 4311 CRYSTAL LAKE DRIVE #121 Deerfield CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Addition TITLE TITLE RM NAME NAME GIUFFRIOA, JOHN STREET ADDRESS STREET ADDRESS 4311 CRYSTALL LAKE DR CITY-ST-7IP CITY-ST-7IP POMPANO BEACH FL 33064 ■ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED IN ME OF SIGNING OF

4/30/01

*800 · 747 · 388 3* 

Daytime Phone #