

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097725

1. Entity Name

ORGANIC LABORATORIES, INC.

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90075 009 ***158.75

Principal Place of Business

Mailing Address

914 RIVERSIDE DRIVE
STUART FL 34994

914 RIVERSIDE DRIVE
STUART FL 34994

3201 S.E. Dominica Terrace
Stuart, FL 34997

P.O. Box 1931
Stuart, FL 34995

2. Principal Place of Business

3201 S.E. Dominica Ter.

3. Mailing Address

P.O. Box 1931

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Stuart FL

Country

USA

City & State
Stuart FL

34995

Country

USA

4. FEI Number 65-0801953

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

KEEN, DAVID S
914 RIVERSIDE DRIVE
STUART FL 34994

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.

\$3.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KEEN, DAVID S
914 RIVERSIDE DR
STUART FL 3499

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KEEN, JOY L
914 RIVERSIDE DR.
STUART FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
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CITY-ST-ZIP
Change Addition

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Change Addition

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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/01 561-286-5581

CR2E034 (10/00)