2000 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business Surples April 8, etc. Surples April 8,	1. Entity Name	MENT # P980000 LABOR, INC.	13190			FILED SEURETARY OF STATE SIVISION OF CORPORATIONS	
Sullio, Act. #, etc. Sullio, Act. #, etc. Sullio, Act. #, etc. Sullio, Act. #, etc. REPUINTS Suppose Suppose Sullio, Act. #, etc. REPUINTS Substitution	30750 U.S. 19	NORTH	30750 U.S. 19 NORTH			00 NOA -8 - BM-3: 1.1.	
City & State	2. Principal Place of Business		3. Mailing Address				
Section Sect							
S. Certification 2 of New Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Certification 2 of New Registered Agent 8. Certification 2 of New Registered Agent 7. Name and Address of New Registered Agent 8. Certification 2 of New Registered Agent 9. All MARBOR FL 34684 9. This corporation is eligible to settlerly business trial state paulicating purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to settlerly inclinate agent certifies tappeaute. 9. This corporation is eligible to settlerly inclinate agent certifies tappeaute. 9. This corporation is eligible to settlerly inclinate agent certifies tappeaute. 9. This corporation is eligible to settlerly inclinate agent certifies tappeaute. 9. This corporation is eligible to settlerly inclinate agent certifies tappeaute. 9. This corporation is eligible to settlerly inclinate agent certifies tappeaute. 9. This corporation is eligible to settlerly inclinate agent certifies tappeaute regarded when the remaining to the corporation of both. 9. This corporation is eligible to settlerly inclinate agent certifies the certifies agent agent certifies agent certifies agent or position of certifies agent or position of certifies agent certifies agent or position of certifies agent agent certifies agent or position of certifies agent certifies agent or position of certifies agent agent certifies agent or position of certifies agent agent age						59-36-50-67-1 Not Applicable	
D & B CORPORATE SERVICES, INC. 30750 U.S. 19 NORTH, PALM HARBOR FL 34684 8. The above named entity submits this state and tenting purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, loper or predictions of improved agent and title if agestation. PALM HARBOR FL 36684 SIGNATURE Signature, loper or predictions or improved agent and title if agestation. POTE Registered Agent agreement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 After SEPTEMBER				Count	гу	5. Certificate of Status Desired Fee Required	
SIGNATURE Signature, types or printerware of requirement ingent and tibe I apolitotoke. (NOTE Registered Agent signature required when retreating) P. This corporation is eligible to satisfy its Intangible. Tax filling requirement and elects to de so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD MAKE STREET ADDRESS 30750 US 19 NORTH PALM HARBOR FL 34684 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY	D & B CORPORATE SERVICES, INC. 30750 US 19 NORTH, PALM HARBOR FL 34684				Name DAVID-A. LAMONT Street Address (P.O. Box Number is Not Acceptable) 30750 U.S. 19 NORTH City PALM HARBOR FL ZigCode 84		
Tax filing requirement and elects to do so. (See critiers on back) After SEPTEMBER 13, 2000 Min. will be \$750.00 Min. will be \$750.	SIGNATURE _	Signature, typed or printed name of registered agent and	I title if applicable. (NOTE	. Registered	Agent signature required		
TITLE MAME STREET ADDRESS CITY -ST-ZIP TITLE MAME MAME MAME MAME MAME MAME MAME MA	_ 9. This corpor Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!	!!_FEE_I 3, 2000 I	S \$550.00 Min. will be \$750	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	-
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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 in the corporation of	NAME STREET ADDRESS		☐ Delete	NAME STREE	T ADDRESS	☐ Change ☐ Additio	n
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 in	NAME STREET ADDRESS	:	☐ Delete	NAME STREE	T ADDRESS	☐ Change ☐ Additio	n
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