

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90080 023 ***150.00

DOCUMENT # P98000063632

1. Entity Name
BIDDISCOMBE LABORATORIES, INC.

Principal Place of Business

Mailing Address

**22083 U.S. #19 NORTH
CLEARWATER FL 33765**

**22083 U.S. #19 NORTH
CLEARWATER FL 33765**

2. Principal Place of Business

3. Mailing Address

11961 31st Ct. N

11961 31st Ct. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL ~~337~~

City & State

St. Petersburg, FL

4. FEI Number **59-3523097**

Applied For

Not Applicable

Zip

Country

33716

US

Zip

Country

33716

US

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

**GAYHEART, STEPHEN
22083 U.S. #19 NORTH
CLEARWATER FL 33765**

Name

Gayheart, Stephen

Street Address (P.O. Box Number is Not Acceptable)

11961 31st Court North

City

St. Petersburg

FL

Zip Code

33716

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 **Steve Gayheart - President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-18-01

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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GAYHEART, STEPHEN**
STREET ADDRESS **22083 U.S. #19 NORTH**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **P** ☒ Change ☐ Addition
NAME **Gayheart, Stephen**
STREET ADDRESS **11961 31st. Court N**
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ 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

Steve Gayheart - President

01-18-01

Date

727-299-9287

Daytime Phone #

CR2E034 (10/00)