FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State

| DOCUI 1. Entity Name | The Lab British | | 05-28 | -2002 9175 | 53 039 |) ***150.0 |)() | | | | | |
|---|----------------------------------|---|---|--|---|--------------------|--|--------------|-------------------|----------|----------------------------|--------------|
| all a | DO N | IOT WRITE | IN THIS SI | PAC | Œ. | | | | | | | |
| 2. Principal Pl 121 SE. Suite, Apt. | . 2 nd 57 | ness | 3. Mailing Address /2/ SE 2nd 5+ Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| Satellite Beach fL | | | Satellite Beach fL. | | | 4 , F | Applied F Applied F S 9 - 3553249 Not Appli | | | | | |
| 3293 | 37 Bravard 3 | | Zip 32937 | Zip Cour 32937 <i>13</i> 0 | | 7 | 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent | | | | | |
| | | O NOT W | | · | e James F Trainor Jr A Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | - 1 11 | | | (8) | | 5£ 2 Telli | | sch | FL | Zin | Code スタタフ | |
| 8. The above | named entit | y submits this statement for | the purpose of changing its | register | ٠ | | | | | | <u> </u> | - |
| | | for printed name of registered agent a gibble to satisfy its Intangible | January 1 N | iay 1 F | ee is \$150. | e required when re | | n Campaign | DATE | | | |
| (See criter | equirement ia on back) | and elects to do so. | Make Check Payat | After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 Make Check Payable to Department of States | | | | und Contribu | | | 5.00 May Be ded to Fees | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Presi Limes 1215E Satel | dent 5 + Trainor Un 2 nd St Unter Beach fL | • | | . 1 | | | No. 1.0 | | | | 034B (19/01) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | * | | 1.7 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | _ | | DO | NOT | WRI | ΤE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | | MAA STR | Ē * /E EET ADDRESS y-ST-ZĪP | | IN | THIS | SPAC | E | 41.4 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | . II | | | · · · · · · · · · · · · · · · · · · · | | ÷ | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 9 | 1 | | | | . * | | | • |
| indicated of the cor | on this reportation of t | rt or supplemental report is: | this filing does not qualify for true and accurate and that no owered to execute this repor powered. | ny siana | iture shall ha | ve the same li | egal effect as | if made unde | er oath; that I a | m an off | icer or directo | or I |