2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000895

1. Entity Name

TEKLAB, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90041 032 ***150.00

Principal Place of Business	Mailing Address
~~1307 NE SUNVIEW TERR.~~ ~~JENSEN BEACH FL 34957~~	~~1307 NE SUNVIEW TERR.~~ ~~JENSEN BEACH FL 34957-8925~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
789 NE Dixie Hwy	789 NE Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jensen Beach FL	City & State: Jensen Beach, FL
Zip: 34957 Country:	Zip: 34957 Country:

4. FEI Number: 65-0883258 ☐ 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
SILVA, ROBERT ~~1307 NE SUNVIEW TERR.~~ JENSEN BEACH FL 34957	Name: Street Address (P.O. Box Number is Not Acceptable): 789 NE Dixie Hwy City: Jensen Beach **FL** Zip Code: 34957

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 X Robert J. Silva 3.3.00
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, ROBERT 1307 NE SUNVIEW TERR. JENSEN BEACH FL 34957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Silva Robert 789 NE Dixie Hwy Jensen Beach FL 34957	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: X Robert J. Silva 3.3.00 561-334-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #