

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062755

1. Entity Name

INTEGRATED SERVICES LAB, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90008 031 ***150.00

Principal Place of Business

Mailing Address

6200 AQUAVISTA DRIVE
 SEBRING FL 33870

6200 AQUAVISTA DRIVE
 SEBRING FL 33870-7409

2. Principal Place of Business

26 KISSIMMEE BLVD

Suite, Apt. #, etc.

3. Mailing Address

26 KISSIMMEE BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

AVON PARK, FLA

Zip

33825

Country

US

City & State

AVON PARK, FLA

Zip

33825

Country

US

4. FEI Number

65-0937393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CALABRESE, KENT S
 6200 AQUAVISTA DRIVE
 SEBRING FL 33870

7. Name and Address of New Registered Agent

Name

SHIRLEY LAVAN

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

365 S. ARBUCKLE BLVD

City

AVON PARK

FL

Zip Code

33825

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

Shirley A. Lavan

SHIRLEY A. LAVAN

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

SHIRLEY A. LAVAN

Date

Daytime Phone #

4/26/00 (863) 452-6783

CR2E034 (9/99)