

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90950 036 ***150.00

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A3969978

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000070745

1. Entity Name
TELOS LABS, INC.

Principal Place of Business
5822 IMPERIAL KEY
TAMPA, FL 33615

Mailing Address
P.O. BOX 260502
3800 BAY TO BAY BLVD
TAMPA, FL 33629

2. Principal Place of Business
5822 IMPERIAL KEY
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 260502
Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33615

Country
USA

Zip
33685

Country
USA

4. FEI Number
59-3602744

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALTER LOPEZ, JR.
3800 BAY TO BAY BLVD STE 11
TAMPA, FL 33629

7. Name and Address of New Registered Agent
Name
JOHN V. TORTORELLO
Street Address (P.O. Box Number is Not Acceptable)
4822 BONITA VISTA DR.
City
TAMPA FL Zip Code
33634

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
4/27/2000

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.

11. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EDDIE J. TSAROS
5822 IMPERIAL KEY
TAMPA, FL 33615
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHN TSATAROS
410 W. KLOSKERMAN RD
PALM HARBOR FL 34683
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WALTER LOPEZ JR
3800 BAY TO BAY BLVD, STE 11
TAMPA, FL 33629
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHN TORTORELLO
4822 BONITA VISTA DR.
TAMPA, FL 33634
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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: VP
4/27/2000 (813) 855-8324