

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086110

1. Entity Name

LAB 601, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-28-2000 90173 001 ***450.00

Principal Place of Business Mailing Address
CURRIE DAVIS DRIVE C-10 9940 CURRIE DAVIS DRIVE C-10
FL 33619 TAMPA FL 33619-2669



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number 57-3600324 Applied For
Not Applicable

Zip Country Zip Country

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

BALLARD, JACK
9940 CURRIE DAVIS DRIVE C-10
TAMPA FL 33619

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 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	D	☐ Delete
NAME	BALLARD, JACK	
STREET ADDRESS	9940 CURRIE DAVIS DRIVE C-10	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	☐ Delete
NAME	BALLARD, DAVID C	
STREET ADDRESS	POST OFFICE BOX 5384	
CITY-ST-ZIP	ATLANTA GA 31107-6384	
TITLE	D	☐ Delete
NAME	BALLARD, PETER L	
STREET ADDRESS	POST OFFICE BOX 5384	
CITY-ST-ZIP	ATLANTA GA 31107-6384	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
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: *Jack Ballard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-00 813 6270501
Date Daytime Phone #

CR2E034 (9/99)