

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90013 042 ***150.00

DOCUMENT # P99000086110

1. Entity Name

LAB 601, INC.

Principal Place of Business

9940 CURRIE DAVIS DRIVE C-10
TAMPA FL 33619

Mailing Address

9940 CURRIE DAVIS DRIVE C-10
TAMPA FL 33619

2. Principal Place of Business

621 North Ave, NE.

Suite, Apt. #, etc.

A-100

City & State

Atlanta, GA

Zip

30308

Country

USA

3. Mailing Address

621 North Ave, NE.

Suite, Apt. #, etc.

A-100

City & State

Atlanta, GA

Zip

30308

Country

USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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's 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, 2001 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 D
STREET ADDRESS BALLARD, JACK
CITY-ST-ZIP 9940 CURRIE DAVIS DRIVE C-10
TAMPA FL 33619

TITLE ☐ Delete
NAME D
STREET ADDRESS BALLARD, DAVID C
CITY-ST-ZIP POST OFFICE BOX 5384
ATLANTA GA 31107-6384

TITLE ☐ Delete
NAME D
STREET ADDRESS BALLARD, PETER L
CITY-ST-ZIP POST OFFICE BOX 5384
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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the signature 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 addressee, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)