

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90179 019 \*\*\*150.00

05/05/02 AV

**DOCUMENT # P99000108696**

**1. Entity Name**  
**PRIMELAB-BETHESDA, INC.**

**Principal Place of Business**  
**2114 CORPORATE DRIVE**  
**BOYNTON BEACH FL 33426**

**Mailing Address**  
~~P.O. BOX 12277~~  
**LAKE PARK FL 33403-0277**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

**P.O. Box 530277**

Suite, Apt. #, etc.

City & State

Zip

Country

**33403-8904**



DO NOT WRITE IN THIS SPACE

**4. FEI Number 59-3702607**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KING, WM. REEVES ESQ.**  
**1173 OLD DIXIE HWY., SUITE B**  
**LAKE PARK FL 33403**

**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 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, 2002 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 PD** ☐ Delete  
**NAME EDDY, TILLMAN L**  
**STREET ADDRESS 1524 EAST 39TH ST**  
**CITY-ST-ZIP WEST PALM BEACH FL 33407**

**TITLE D** ☐ Delete  
**NAME TREZONA, JON C**  
**STREET ADDRESS 12295 OAKWIND PLACE**  
**CITY-ST-ZIP SEMINOLE FL 33772**

**TITLE SD** ☐ Delete  
**NAME KING, WM REEVES**  
**STREET ADDRESS 81 IRONWOOD WAY N**  
**CITY-ST-ZIP PALM BEACH GARDENS FL 33418**

**TITLE VT** ☒ Delete  
**NAME RABBITS, DAVID G**  
**STREET ADDRESS 560 SUNSET LAKES DRIVE**  
**CITY-ST-ZIP MERRITT ISLAND FL 32953**

**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**

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**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:** *WM. REEVES KING, Sec.* **4/24/02** **561-863-4750**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)