

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90001 023 ***150.00

DOCUMENT # S47806

1. Entity Name

TJS LAB, INC.

Principal Place of Business

Mailing Address

**700 DELTONA BLVD
STE 108
DELTONA FL 32725****4555 HERITAGE OAK DR
ORLANDO FL 32808-1324
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3079274**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIS, DAVID C.
MATEER, HARBERT & BATES, P.A.
225 E. ROBINSON ST., SUITE 600
ORLANDO FL 32802**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JOHNSON, THOMAS L.	4555 HERITAGE OAKE DR.	ORLANDO FL	<input type="checkbox"/>
D	WOODWARD, EVA	7531 LODGE POLE TRAIL	WINTER PARK FL	<input type="checkbox"/>
D	TURNER, LORRAINE	32 ROSEDOWN BLVD	DEBARY FL 32713	<input type="checkbox"/>
D	DAVIDSON, RON	140 EASTERN FORK	LONGWOOD FL	<input type="checkbox"/>
D	TURNER, PAUL	32 ROSEDOWN BLVD	DEBARY FL 32713	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

27 JAN 2000 407 860-7300