

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S71550**

1. Entity Name

SCANLAB, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90053 020 ***150.00

Principal Place of Business

28 WINSTON DR
 CLEARWATER FL 33756
 US

Mailing Address

28 WINSTON DR
 CLEARWATER FL 33756-1646
 US

2. Principal Place of Business

624 CHESTNUT ST.

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 1438

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33756

Country

USA

Zip

33757

Country

USA

4. FEI Number

59-3235379

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

837281



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUCHWALTER, DOUGLAS M
1172 BROWNELL STREET
CLEARWATER FL 34616

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HEIDEMANN, ANDERS	26 WINSTON DR	BELLEAIR FL	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/>

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: ANDERS HEIDEMANN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.14.2000
 Date

727.446.4180
 Daytime Phone #

CR2E034 (9/99)