

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90026 007 ***150.00

DOCUMENT # S78298

1. Entity Name

QUALITY TESTING LABORATORY, INC.

Principal Place of Business

**15431 N FLORIDA AVE
 TAMPA FL 33613**

Mailing Address

**15431 N FLORIDA AVE
 TAMPA FL 33613**

2. Principal Place of Business

1338-N. Clearview Ave.

3. Mailing Address

1338-N. Clearview

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

Hills.

Zip

33607

Country

Hills.

DO NOT WRITE IN THIS SPACE



4. FEI Number

59-3073295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITE, CONNIE L
 13654 N 12TH ST
 TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name

Connie L. White

Street Address (P.O. Box Number is Not Acceptable)

1338 N. Clearview Ave.

City

Tampa

FL

Zip Code

33607

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **BROWN, JACQUELYN M.**
 CITY-ST-ZIP **11007 ULSTER CT.
 TAMPA FL**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **WHITE, CONNIE L.**
 CITY-ST-ZIP **11620 GIDDENS ROAD
 SPRING HILL FL**

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 ☐ 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
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 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:

Jacquelyn M. Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-02 (813) 978-9588

CR2E034 (9/01)