

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90058 038 \*\*\*150.00

**DOCUMENT # V07221**  
 1. Entity Name  
**LABB INDUSTRIES, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>3902 DUNLEER COURT<br/>TALLAHASSEE FL 32308</b> | Mailing Address<br><b>3902 DUNLEER COURT<br/>TALLAHASSEE FL 32308</b> |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 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 <b>59-3107168</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |



DO NOT WRITE IN THIS SPACE

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

**RUSHING, ROGER B**  
**3902 DUNLEER COURT**  
**TALLAHASSEE FL 32308**

**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 \_\_\_\_\_ (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.

**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          | <b>PD</b> <input type="checkbox"/> Delete  |
| NAME           | <b>RUSHING, ROGER B</b>                    |
| STREET ADDRESS | <b>3902 DUNLEER COURT</b>                  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32308</b>                |
| TITLE          | <b>VSD</b> <input type="checkbox"/> Delete |
| NAME           | <b>RUSHING, TALLIE P</b>                   |
| STREET ADDRESS | <b>3902 DUNLEER COURT</b>                  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL-32308</b>                |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete   |
| NAME           | <b>RUSHING, TIMOTHY ROGER</b>              |
| STREET ADDRESS | <b>3059 ESTEY AVENUE</b>                   |
| CITY-ST-ZIP    | <b>NAPLES FL 33942</b>                     |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete   |
| NAME           | <b>THALER, KIRA RUSHING</b>                |
| STREET ADDRESS | <b>3421 HYCLIFFE AVENUE</b>                |
| CITY-ST-ZIP    | <b>LOUISVILLE KY 40207</b>                 |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete   |
| NAME           | <b>RUSHING, ASHLEY</b>                     |
| STREET ADDRESS | <b>3902 DUNLEER CT</b>                     |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32308</b>                |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: B. Roger Rushing Pres. 1/23/01 850/212-0516  
 B. ROGER RUSHING Date Daytime Phone #

CR2E034 (10/00)