## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 27, 2002 8:00 am Secretary of State V47423 DOCUMENT # 1. Entity Name 05-27-2002 90493 021 \*\*\*150.00 BENCHMARK CALIBRATION LABORATORY, INC. Mailing Address Principal Place of Business 910 S. BUMBY AVE RATTOSON 910 S. BUMBY AVE STE B-1 ORLANDO FL 32806 ORLANDO FL 32806 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3129019 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEONE, JAMES R Street Address (P.O. Box Number is Not Acceptable) 111 WEST MAGNOLIA AVE SUITE 105 Zip Code City LONGWOOD FL 32750 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Added to Fees Trust Fund Contribution Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE DCP ☐ Delete TITLE NAME RESCHKE, JEFFERY D NAME STREET ADDRESS STREET ADDRESS 910 S. BUMBY AVE CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - 🗀 Addition TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OFFICER OR DIRECTOR

FILED