

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90407 023 ***150.00

DOCUMENT # **V51489**

1. Entity Name

CERTIFIED TESTING LABORATORIES, INC.

Principal Place of Business

**7252 NARCOOSSEE RD.
 ORLANDO FL 32822**

Mailing Address

**7252 NARCOOSSEE RD.
 ORLANDO FL 32822**

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

59-3131869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAKELY, JUDY M.
 13942 LAMONT DRIVE
 ORLANDO FL**

Name

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

City

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	☐ Delete
NAME	BLAKELY, JUDY	
STREET ADDRESS	13942 LAMONT DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	☐ Delete
NAME	BLAKELY, TRACE	
STREET ADDRESS	12601 MARIBOU CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	VP	☐ Delete
NAME	BLAKELY, WILLIAM	
STREET ADDRESS	13942 LAMONT DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ Delete
NAME	BLAKELY, JAMES	
STREET ADDRESS	4999 HEATHER STONE PL	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	S	☐ Delete
NAME	BALLANTYN, DAWN	
STREET ADDRESS	14051 MARINE CT	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	☒ Change ☐ Addition
NAME	Blakely, Judy	
STREET ADDRESS	13942 LAMONT DR	
CITY-ST-ZIP	ORLANDO, FL 32832	
TITLE	VP	☒ Change ☐ Addition
NAME	BLAKELY, TRACE	
STREET ADDRESS	14405 FRESNO DR	
CITY-ST-ZIP	ORLANDO, FL 32832	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	☒ Change ☐ Addition
NAME	BALLANTYNE, DAWN	
STREET ADDRESS	14051 MARINE CT	
CITY-ST-ZIP	ORLANDO, FL 32832	
TITLE		☐ Change ☐ 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:

Dawn Ballantyne
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

407-384-7444

Daytime Phone #

CR2E034 (10/00)