

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000035047

**Entity Name:** ILABSERVICES INC.

**Current Principal Place of Business:**

12303 U.S. HIGHWAY 301  
DADE CITY, FL 33525

**Current Mailing Address:**

12303 U.S. HIGHWAY 301  
DADE CITY, FL 33525 US

**FEI Number:** 13-4245594

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AMBROSE, ROBERT B  
36505 BOZEMAN ROAD  
DADE CITY, FL 33525 US

*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:** ROBERT B. AMBROSE

03/26/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name AMBROSE, ROBERT B  
Address 36505 BOZEMAN ROAD  
City-State-Zip: DADE CITY FL 33525

Title VP  
Name AMBROSE, CHERYL M  
Address 36505 BOZEMAN ROAD  
City-State-Zip: DADE CITY FL 33525

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHERYL AMBROSE

VP

03/26/2025

Electronic Signature of Signing Officer/Director Detail

Date