

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S45331

Entity Name: CLB, INC.**Current Principal Place of Business:**6450 SW ARCHER RD.
STE. 240
GAINESVILLE, FL 32608**Current Mailing Address:**6450 SW ARCHER RD.
STE. 240
GAINESVILLE, FL 32608 US**FEI Number:** 59-3062094**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COX, ALISON L
6450 SW ARCHER RD.
STE. 240
GAINESVILLE, FL 32608 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:** ALISON L. COX

04/11/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DST
Name	SUMMERFIELD, SARA M
Address	6450 SW ARCHER RD. STE. 240
City-State-Zip:	GAINESVILLE FL 32608

Title	DVP
Name	MILLER, DAVID M
Address	6450 SW ARCHER RD. STE. 240
City-State-Zip:	GAINESVILLE FL 32608

Title	DPR
Name	COX, ALISON L
Address	6450 SW ARCHER RD. STE. 240
City-State-Zip:	GAINESVILLE FL 32608

Title	D
Name	ERENCE, STEPHANIE A
Address	6450 SW ARCHER RD. STE. 240
City-State-Zip:	GAINESVILLE FL 32608

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: SARA M. SUMMERFIELD

SEC / TREASURER

04/11/2017

Electronic Signature of Signing Officer/Director Detail

Date