

2014 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:

MILLER, DAVID M
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title D
Name FERENCE, 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

VP

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date