

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90067 030 \*\*\*150.00

**DOCUMENT # F98000000773**

1. Entity Name

**CALIFORNIA EASTERN LABORATORIES, INC.**

Principal Place of Business

Mailing Address

445 DOUGLAS AVE., STE 2005-19  
 ALTAMONTE SPRINGS FL 32714

4590 PATRICK DR.  
 SANTA CLARA CA 95054

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

**94-1508560**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, TERRY M**  
**445 DOUGLAS AVE., STE 2005-19**  
**ALTAMONTE SPRINGS FL 32714**

Name

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

City

**FL**

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURMEISTER, ROBERT A</b>	NAME	
STREET ADDRESS	<b>4590 PATRICK HENRY DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA CLARA CA 95054</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKETT, MARK</b>	NAME	
STREET ADDRESS	<b>4590 PATRICK HENRY DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA CLARA CA 95054</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>CD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WALSH JR, BERNARD L</b>	NAME	<b>Jerry A. Arden</b>
STREET ADDRESS	<b>4590 PATRICK HENRY DRIVE</b>	STREET ADDRESS	<b>4590 Patrick Henry Drive</b>
CITY-ST-ZIP	<b>SANTA CLARA CA</b>	CITY-ST-ZIP	<b>Santa Clara, CA 95054</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINEO, AKIRA</b>	NAME	
STREET ADDRESS	<b>4590 PATRICK HENRY DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA CLARA CA</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCARVER, MICHAEL D</b>	NAME	
STREET ADDRESS	<b>4590 PATRICK HENRY DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA CLARA CA</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

*Robert W. Iles*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert W. Iles, CFO**

**01/31/00**  
 Date

**409-988-3500**  
 Daytime Phone #