2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086110

1. Entity Name

LAB 601, INC.

0350720

Principal Place of Business	Mailing Address
9940 CURRIE DAVIS DRIVE C-10 TAMPA FL 33619	9940 CURRIE DAVIS DRIVE C-10 TAMPA FL 33619

2. Principal Place of Business
621 North Ave, N.E.

Suite, Apt. #, etc.
A-100

City & State
Atlanta, GA

Zip 30308   Country USA

3. Mailing Address
621 North Ave, N.E.

Suite, Apt. #, etc.
A-100

City & State
Atlanta, GA

Zip 30308   Country USA

4. FEI Number 59-3600324   ☐ 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
BALLARD, JACK 9940 CURRIE DAVIS DRIVE C-10 TAMPA FL 33619	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.   (NOT: 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 D NAME BALLARD, JACK STREET ADDRESS 9940 CURRIE DAVIS DRIVE C-10 CITY-ST-ZIP TAMPA FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME BALLARD, DAVID C STREET ADDRESS POST OFFICE BOX 5384 CITY-ST-ZIP ATLANTA GA 31107-6384	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME BALLARD, PETER L STREET ADDRESS POST OFFICE BOX 5384 CITY-ST-ZIP ATLANTA GA 31107-6384	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: _Jack Ballard_   5-25-01   8156370505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #