

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90093 001 ***150.00
 03-20-2001 90093 002 *****8.75

DOCUMENT # F00000004773

1. Entity Name
BIO-ONE CORPORATION

Principal Place of Business

Mailing Address

~~200~~ WAYMONT COURT, SUITE ~~120~~ 100
 LAKE MARY FL 32746
 N310

~~200~~ WAYMONT COURT, SUITE ~~120~~ 100
 LAKE MARY FL 32746
 310

00009

2. Principal Place of Business

3. Mailing Address

310 WAYMONT CT., SUITE 100
 Suite, Apt. #, etc.

310 WAYMONT CT., SUITE 100
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0815746**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DONALD F. MINTMIRE, P.A.
 265 SUNRISE AVE., SUITE 204
 PALM BEACH FL 33480

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, 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 NAME ☐ Delete
PC
DAUPLAISE, ARMOND
 STREET ADDRESS ~~200 WAYMONT COURT, SUITE 120~~
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE NAME ☒ Change ☐ Addition
310 WAYMONT CT., SUITE 100
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
SC
LOCKHART, KEVIN
 STREET ADDRESS ~~200 WAYMONT COURT, SUITE 120~~
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE NAME ☒ Change ☐ Addition
310 WAYMONT CT., SUITE 100
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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:

Armond Dauplaise (ARMOND DAUPLAISE) 3/15/01 407-328-1611
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)