

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90040 029 ***158.75

DOCUMENT # F00000004773

1. Entity Name
BIO-ONE CORPORATION



Principal Place of Business
310 WAYMONT CT. SUITE 100
LAKE MARY FL 32746

Mailing Address
310 WAYMONT CT. SUITE 100
LAKE MARY FL 32746

90005620



2. Principal Place of Business

3. Mailing Address

1630 WINTER SPRINGS BLVD.
Suite, Apt. #, etc.

1630 WINTER SPRINGS BLVD.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
WINTER SPRINGS, FL
Zip **32708** **Country** **USA**

City & State
WINTER SPRINGS, FL
Zip **32708** **Country** **USA**

4. FEI Number **65-0815746**

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

NEWMAN, POLLOCK & KLEIN
2101 N.W. CORPORATE BLVD., #414
BOCA RATON FL 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Armand Dauplaise*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☒ **Delete**
NAME **DAUPLAISE, ARMOND**
STREET ADDRESS **310 WAYMONT CT. SUITE 100**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **SC** ☒ **Delete**
NAME **LOCKHART, KEVIN**
STREET ADDRESS **310 WAYMONT CT. SUITE 100**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ **Change** ☐ **Addition**
NAME **ARMAND DAUPLAISE**
STREET ADDRESS **1630 WINTER SPRINGS BLVD.**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **SECRETARY** ☒ **Change** ☐ **Addition**
NAME **IRWIN NEWMAN**
STREET ADDRESS **2101 N.W. CORPORATE BLVD., #414**
CITY-ST-ZIP **BOCA RATON, FL 33431**

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Armand Dauplaise (ARMAND DAUPLAISE) 1/16/03 407-977-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)