2003 FOR PROFIT CORPORATION

Jan 23, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State M03080 **DOCUMENT #** 01-23-2003 90213 008 ***150.00 1. Entity Name REGENT LABS, INC. Principal Place of Business Mailing Address 700 W. HILLSBORO BLVD 700 W. HILLSBORO BLVD #2-206 #2-206 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2505951 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RE. EUGENE L. Street Address (P.O. Box Number is Not Acceptable) 700 W., HILLSBORO BLVD. #2-206 DEERFIELD BEACH FL 33441 City 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. . . 1 SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPS TITLE TITLE ☐ Change Addition Delete RE. EUGENE L. NAME NAME 700 W. HILLSBORO BLVD, #2-206 STREET ADDRESS STREET ADDRESS DEERFIELD BCH. FL CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE ☐ Change ☐ Addition R. EUGENE L 700 W HILLSBORO BLVD. #2-206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BESSEMER MI CITY-ST-ZIP TITLE -- Delete ... TITLE Change , 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change [] Addition NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition

CR2E034 (10/02)