

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90061 027 \*\*\*150.00

DOCUMENT # P00000058466

1. Entity Name

BIOOLUTIONS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2152 NW 138 TERRACE

3. Mailing Address

2152 NW 138 TERRACE

Suite, Apt. #, etc.

N.A.

Suite, Apt. #, etc.

N.A.

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33028-2626

Country

U.S.A.

Zip

33028-2626

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD D. POLLEY

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

2152 NW 138 TERRACE

City

PEMBROKE PINES FL

Zip Code

33028-2626

**DO NOT WRITE  
IN THIS SPACE**

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

*Richard D. Polley* PRESIDENT

4/27/02

(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)

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P/T/S/D/C  
NAME RICHARD D. POLLEY  
STREET ADDRESS 2152 NW 138 TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL 33028-2626

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard D. Polley* RICHARD D. POLLEY

4-27-02 954-437-6669