2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State
04-24-2001 90032 031 ***150.00

7282

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000012646

1. Entity Name
BIO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
11400 OLD LODGE LANE UNIT 1A CAPTIVA FL 33924	P.O. BOX 1584 BLOOMINGTON IL 61702

2. Principal Place of Business	3. Mailing Address
568 9th St. S	568 9th St. S.
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State Naples	City & State Naples
Zip 34102 — County Collier	Zip 34102 — Country Collier

4. FEI Number 65-0728817 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
O'BRIEN, KAY
11400 OLD LODGE LNE, UNIT 1A
CAPTIVA FL 33924

7. Name and Address of New Registered Agent
Name Kay Casperson
Street Address (P.O. Box Number is Not Acceptable)
568 9th ST S. #201
City Naples FL Zip Code 34102

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)
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 / STREET ADDRESS / CITY-ST-ZIP	P O'BRIEN, JOSEPH D JR. P.O. BOX 899 NORMAL IL 61761 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kay Casperson 568 9th St. S. #201 Naples Fl 34102 President ☐ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ________ (signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR