FILED Apr 23, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P97000031519



04-23-2003 90185 047 ***150.00 1. Entity Name J. LABS. INC. Principal Place of Business Mailing Address 12399 BELCHER RD SOUTH STE 160 12399 BELCHER RD SOUTH STE 160 11010302 LARGO FL 33773-3052 LARGO FL 33773-3052 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3438925 Not Applicable Ζip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TANEJA, JUGAL K Street Address (P.O. Box Number is Not Acceptable) 6950 BRYAN DAIRY RD **LARGO FL 33777** 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. 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Addition TITLE TANEJA, JUGAL K NAME NAME 6950 BRYAN DAIRY RD STREET ADDRESS STREET ADDRESS **LARGO FL 33777** CITY-ST-ZIP CITY-ST-ZIP ST TITLE ☐ Delete TITLE SHUMAN, CANI NAME NAME 12399 BELCHER RD SOUTH STE 160 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33773-3052 CITY-ST-ZIP ☐ Delete TITLE President Taneja, Mandeep K. 12399 Belcher Rd South, Largo, FL 33773 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition

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

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP