DOCU	MENT # P9800		FILED Sep 17, 2001 8:00 am Secretary of State 09-17-2001 90141 043 ***550.00						
1. Entity Nar VISIONEE	THE RESEARCH LABORATE	TORIES, INC.	ν	/	09-17-2001	90141 043	***550.	.00	i
Principal Place of Business 6330 PINEHILL RD., #19 PORT RICHEY FL 34668		Mailing Address 6330 PINEHILL RD #19 PORT RICHEY FL 34668				\$779 MHM MHM			
2. Principal F	Place of Business	3. Mailing Address		-		7			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE 34360478					
City & State		City & State		4. FEIT			_ <del></del>	plied For t Applicable	]
Zip	Country	Zip ~~~	Country	- 20	ficate of Status Desired	Fee	3.75 Add e Required		
· · ·	6. Name and Address of Current F	legistered Agent	Name	7. Nam	e and Address of New	Registered Age	<u>int</u>		1
	EANETTE M EHILL RD., #19		Street Address (P.O. Box Number is Not Acceptable)						
PORT RIC	HEY FL 34668	_	City			FL	Zip Code	<del>)</del>	4
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or regis	tered agent	or both, in the State of E				-
SIGNATURE	Jatyle, typed or printed name of registered agent as	Zueni	E: Registered Agent signature requ			9-10- DATE	-0/		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After September 12	!! FEE IS \$550.00 2, 2001 Fee will be \$75 ble to Department of S	0.00	Election Campaign Fi     Trust Fund Contribution	~		May Be to Fees	
11.	OFFICERS AND E	DIRECTORS	12.	ADDITI	ONS/CHANGES TO OFF	FICERS AND DI	RECTORS	S IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOEVE, JEANETTE M 6330 PINEHILL RD., #19 PORT RICHEY FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Change	☐ Addition	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		] Change	Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<del></del>	<del></del>	)	] Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	)		Change	Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with ton this report or supplemental report is ton the receiver or trustee empoy or on an attachment with an address, with the supplemental report in the receiver or or on an attachment with an address, with the receiver of the rece	his filing does not qualify for rue and accurate and that m vered to execute this room thall other tike emowered.	the exemption stated in the signature shall have the as required by Chapter 6	Section 119.0 e same legal 07, Florida S	07(3)(i), Florida Statutes, effect as if made under latutes; and that my nam	I further certify to oath; that I am a e appears in Bk	hat the infinite of the control of t	formation or director Block 12 if	
		INTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	Daytim	e Phone #		l