08/12/2002 14:42 5616595371 MINTMIRE AND AS

FILED
Aug 18, 2002 8:00 am
Secretary of State
08-18-2002 90127 039 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052579

1. Entity Name
BIO-SOLUTIONS FRANCHISE CORP.

NIC FILO 6/14/02 [initials] ✓

Principal Place of Business	Mailing Address
35 POWER LANE HATTIESBURG MS 39402	35 POWER LANE HATTIESBURG MS 39402

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1161 James Street	1161 James Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hattiesburg, MS	City & State: Hattiesburg, MS
Zip: 39401 Country: USA	Zip: 39401 Country: USA

4. FEI Number 58-2396752 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MINTMIRE & ASSOCIATES
265 SUNRISE AVE STE 204
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

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

City FL 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 acc[ept] 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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May B[e] Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ASHLEY, JOE 35 POWER LANE HATTIESBURG MS 39402	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Lou Elwell 1161 James Street Hattiesburg, MS 39401	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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 informatio[n] 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 direct[or] 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 1[2] changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Lou A. Elwell 8/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AUG-02-2002 13:52 P.02

Attachment

MINTMIRE & ASSOCIATES
ATTORNEYS AT LAW

974774

#P97000052579

265 SUNRISE AVENUE
SUITE 204
PALM BEACH, FLORIDA 33480
TEL: (561) 832-5696
FAX: (561) 659-5371

August 13, 2002

Via Regular Mail

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Bio-Solutions Franchise Corp. Annual Report

To Whom It May Concern:

Enclosed please find 2002 Uniform Business Report (UBR) for Bio-Solutions Franchise Corp. Also enclosed please find check number 10887 made payable to the Divison of Corporations in the amount of $150.00 which we believe to be the appropriate feedue to the fact the Company did not receive a prior notice.

Should you have questions, or if we can be of further assistance, please do not hesitate to contact our office.

Very truly,

Mintmire & Associates

Mintmire & Associates

Encls.