

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90021 017 \*\*\*150.00

**DOCUMENT # S53144**

1. Entity Name

**POL LUX LABS, INC.**

Principal Place of Business	Mailing Address
8011 MONETARY DRIVE A-1 RIVIERA BEACH FL 33404 US	8011 MONETARY DRIVE A-1 RIVIERA BEACH FL 33404-1702 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<b>65-0263525</b>	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>EDWARDS, M. CHRIS</b> <b>317 TENTH STREET</b> <b>WEST PALM BEACH FL 33401-3317</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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.

SIGNATURE \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check; Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HREBENAK, GLENN</b>	NAME	<b>Glenn Hrebenak</b>
STREET ADDRESS	<b>119 SUN MEADOW ROAD</b>	STREET ADDRESS	<b>8011 Monetary Drive, A-1</b>
CITY-ST-ZIP	<b>GREER SC</b>	CITY-ST-ZIP	<b>Riviera Beach, FL 33404</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<b>V,S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONINO, MICHAEL</b>	NAME	<b>Michael Bonino</b>
STREET ADDRESS	<b>16673 75TH WAY NORTH</b>	STREET ADDRESS	<b>8011 Monetary Drive, A-1</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	CITY-ST-ZIP	<b>Riviera Beach, FL 33404</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>P,D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COSTELLO, RONALD</b>	NAME	<b>Ronald J. Costello</b>
STREET ADDRESS	<b>2431 24TH COURT</b>	STREET ADDRESS	<b>8011 Monetary Drive, A-1</b>
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	CITY-ST-ZIP	<b>Riviera Beach, FL 33404</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** \_\_\_\_\_ **1/31/2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)