SIGNATURE:

SIGNATURE AND TYPED OR

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # S53144 1. Entity Name POL LUX LABS, INC.						FILED Feb 12, 2001 8:00 am Secretary of State 02-12-2001 90002 003 ***150.00					
Principal Place of Business 9011 MONETARY DRIVE A-1 RIVIERA BEACH FL 33404 US		Mailing Address 8011 MONETARY DRIVE A-1 RIVIERA BEACH FL 33404 US	8011 MONETARY DRIVE A-1 RIVIERA BEACH FL 33404				BAIRT FILE MANG BIRA	8130) 	
2. Principal	Place of Business	3. Mailing Address	3. Mailing Address								
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SPACE	Ē		
City & Sta	tte	City & State	City & State			4. FEI Number 65-0263525 Applied For Not Applicable]
Zip	Country	Zip	Coun	try	5. Ce	ertificate of	Status Desired		5 Add	litional	1
	6. Name and Address of Curre	nt Registered Agent			7. Na	7. Name and Address of New Registered Agent					-
317	vards, M. Chris Tenth Street St Palm Beach Fl 33401-3317			Street Addres 1001	s (P.O. Bo V. US		Not Acceptable	, Ste.	100 p Code	9	-
8. The above	e named entity submits this statement	t for the purpose of changing its	s registere	Jup:		nt, or both, i	n the State of Fig		147	7.7	-
	Signaturary that or printed name of registered agronation is eligible to satisfy its Intangi requirement and elects to do so.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E: Registered	Agent signature requisits \$150.00		10. Election	on Campaign Fin			D May Be	}
	ria on back)	Make Check Paya				Trust I	Fund Contribution	л. 🗀	Added	to Fees	
11.		ID DIRECTORS	12.		ADD	ITIONS/CH	ANGES TO OFFI	CERS AND DIREC	CTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HREBENAK, GLENN 8011 MONETARY DRIVE A-1 RIVIERA BEACH FL 33404	IREBENAK, GLENN 1011 MONETARY DRIVE A-1		ET ADDRESS ST-ZIP				Cr	ange	Addition	5034 (10/00)
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VS BONINO, MICHAEL 8011 MONETARY DR A-1 RIVIERA BEACH FL 33404	☐ Delete		- 1				□ Cr	ange	Addition	CR2E00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete			ET ADDRESS ST-ZIP				Cr	ange	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					.v	□ Ch	ange	Addition	
TITLE NAME Street address City-St-Zip		☐ Delate		T ADDRESS ST-ZIP				☐ Ch	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP	·			☐ Ch	ange	☐ Addition	
of the cor	certify that the information supplied w on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that no powered to execute this report.	ny signati as require	ire chall have the	s cama laa	al offect ac	if made under e	ath: that I am an a	Hinnr 0	r diractor I	

POWALD J. COSTELLO 2/5/0/ 848-5790

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date