2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am § Secretary of State S53144 DOCUMENT # 1. Entity Name POL LUX LABS, INC. 05-28-2002 91536 022 ***150.00 Principal Place of Business Mailing Address **8011 MONETARY DRIVE 8011 MONETARY DRIVE** RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0263525 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDWARDS, M. CHRIS Street Address (P.O. Box Number is Not Acceptable) 1001 N. US HIGHWAY ONE, STE. 400 JUPITER FL 33477 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition HREBENAK, GLENN NAME NAME STREET ADDRESS 8011 MONETARY DRIVE A-1 STREET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME[®] BONINO, MICHAEL NAME STREET ADDRESS 8011 MONETARY DR A-1 STREET ADDRESS CITY-ST-7IP **RIVIERA BEACH FL 33404** CITY-ST-ZIP PD TITLE X Delete TITLE P,T,D Change ☐ Addition COSTELLO, RONALD NAME NAME Costello, Ronald J. 8011 MONETARY DR A-1 STREET ADDRESS STREET ADDRESS 8011 Monetary Dr. A-1 RIVIERA BEACH FL 33404 CITY "ST-ZIP" CITY-ST-ZIP Riviera Beach, FT. 33404 ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ſ[™] Change ☐ Addition NAME NAME

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 one of the corporation of the receiver of trustee empowered. PLEASE

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP