## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## S53144 **DOCUMENT #**

1. Entity Name

POL LUX LABS, INC.



## **FILED** Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90382 047 \*\*\*150.00

8011 MONETARY DRIVE A-1 RIVIERA BEACH FL 33404 US 2. Principal Place of Business			Mailing Address 8011 MONETARY DRIVE A-1 RIVIERA BEACH FL 33404 US 3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			$\dashv$	CHECK HERE IF MAKING CHANGES					
City & Stat	te		City & State			4.	4. FEI Number 65-0263525			plied For ot Applicable		
Zip	Country Zip		Zip	Country		5.			\$8.75 Add	68.75 Additional ee Required		
	6. Name	and Address of Curren	t Registered Agent	legistered Agent			7. Name and Address of New Registered Agent					
-		and the second second		2 -	-Name			-				
EDWARDS, M. CHRIS 1001 N. US HIGHWAY ONE, STE. 400					Street Address (P.O. Box Number is Not Acceptable)							
JUPITER I	FL 33477			City			FL	Zip Code	e			
the obligations	tions of regist	ered agent.	or the purpose of changing its				· · · · · · · · · · · · · · · · · · ·	ida. Lam fa	l amiliar with,	and accept		
		or printed name of registered agen	it and title if applicable. (NOTE	: Registere	ad Agent signature requ	ired when re	einstating)	DATE	_			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o					9. Election Campaign Fina Trust Fund Contribution			May Be to Fees		
10.		OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		K, GLENN Etary Drive A-1 Each FL 33404	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Delete BONINO, MICHAEL 8011 MONETARY DR A-1 RIVIERA BEACH FL 33404							Change	Addition			
NAME STREET ADDRESS CITY-ST-ZIP	COSTELLO 8011 MON	), RONALD ETARY DR A-1 EACH FL 33404							☐ Change	Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete	1		,			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition		
indicated of the cor	on this repor poration or th	t or supplemental report i e receiver or trustee emp	h this filing does not qualify for is true and accurate and that movered to execute this report with all other like empowered.	ny signa	ture shall have th	ne same l	legal effect as if made under or	ath; that I ar	n an officer	or director		

SIGNATURE:

Daytime Phone #