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

P02000111228 DOCUMENT

1. Entity Name

POLYPLANT MARKETING, INC.



Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90101 019 ***150.00

FILED

Principal Place of Business 2255 GLADES ROAD

Mailing Address 1999 BACK NINE DRIVE

SUITE 112E			BOCA RATON FL 33498								
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2. Principal Place of Business			3. Ma	3. Mailing Address 2255 GLADES ROAD				1 10021003 (13 00110 11911 0 0 11) 00(51 00)	#1 (}##1) # 1)1 (1 010 11 010) f
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			112E					Check here if making changes			
City & State			Besca RATON				4.	7135 FEI Number 33-/02 7/35			oplied For ot Applicable
Zip		Country	Zip		Countr	у			•	8.75 Add	
				1431	KALM	BEAC		·	Fe	e Require	
	6. Name	and Address of Curren	t Registere	ed Agent		None		Name and Address of New Regis	tered Ag	ent	
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KALLAN,		D11 65		Street Address (F			ress (P.O.	O. Box Number is Not Acceptable)			
	CK NINE D			-							
BOCA RA	TON FL 33	498									
						City			FL	Zip Cod	e i
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 accept											
	tions of regist			3 3	J	•		• , , , , , , , , , , , , , , , , , , ,			
SIGNATURE .											
SIGNATORE .	Signature, typed	or printed name of registered agen	t and title if app	olicable. (NOT	E: Registered	Agent signature r	required when	reinstaling)	DATE		
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		3 Fee will be \$550.00						 Election Campaign Financi Trust Fund Contribution. 	ng 🗆		May Be
Make Check	k Payable to	Florida Department o	of State					indistribution.		Addec	10 1662
10.		OFFICERS AND	DIRECTO	RS	11.		Al	DDITIONS/CHANGES TO OFFICER	S AND D	RECTOR:	S IN 11
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with a potner like ampowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MESLAUER