
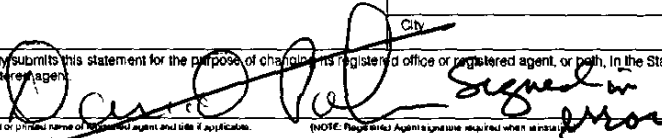
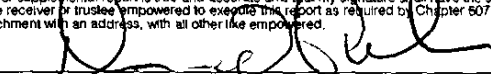


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91492 024 ***150.00

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

DOCUMENT # P32089				
1. Entity Name POLEN CAPITAL MANAGEMENT, INC.				
Principal Place of Business 14502 N. DALE NABRY SUITE 303 TAMPA, FL 33618 US		Mailing Address 14502 N. DALE NABRY SUITE 303 TAMPA, FL 33618 US		
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 13-2984374
				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent POLEN, DAVID M. 3913 NORTHAMPTON WAY TAMPA, FL 33624			7. Name and Address of New Registered Agent	
			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE  Signed in person				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when in state) DATE				
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-2P	PD POLEN, DAVID M. 3913 NORTHAMPTON WAY TAMPA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-2P		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-2P		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-2P		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-2P		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.				
SIGNATURE:  4/16/03 813-265-3865				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				

CR2034 (10/02)