

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90174 003 ***150.00

DOCUMENT # 283216

1. Entity Name

POLYENGINEERING OF FLORIDA INC

Principal Place of Business

**1935 HEADLAND AVENUE
P.O. BOX 837
DOTHAN AL 36302**

Mailing Address

**1935 HEADLAND AVENUE
P.O. BOX 837
DOTHAN AL 36302**

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

63-0779072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PETREY, ROY
857 THE MASTERS BOULEVARD
SHALIMAR FL 32579**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCCALLISTER, HOWARD L**
CITY-ST-ZIP **244 FLETCHER SMITH RD.
COTTONWOOD AL 36320**

TITLE ☐ Delete
NAME **DC**
STREET ADDRESS **FAU LK, LAMAR E**
CITY-ST-ZIP **1203 AMHERST DR.
DOTHAN AL 36303**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **MORGAN, CHARLES G**
CITY-ST-ZIP **ROUTE 1, BOX 30
NEWVILLE AL 36353**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MOBLEY, MAX A**
CITY-ST-ZIP **121 WHITEHEAD RD.
DOTHAN AL 36305**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STEPHENS, GLENN D**
CITY-ST-ZIP **340 STONEGATE DR.
DOTHAN AL 36305**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BRANNON, JAMES R**
CITY-ST-ZIP **1128 BJ MIXON RD.
COTTONWOOD AL 36320**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Max A Mobley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)