2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 02, 2001 8:00 am Secretary of State DOCUMENT # 283216 1. Entity Name POLYENGINEERING OF FLORIDA INC 02-02-2001 90277 002 ***150.00 Principal Place of Business Mailing Address 1935 HEADLAND AVENUE 1935 HEADLAND AVENUE P.O. BOX 837 P.O. BOX 837 DOTHAN AL 36302 DOTHAN AL 36302 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 63-0779072 Not Applicable Zip 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 PETREY, ROY Street Address (P.O. Box Number is Not Acceptable) 857 THE MASTERS BOULEVARD SHALIMAR FL 32579 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition Delete me Callister, Howard L NAME NAME FAULK, E. LAMAR 244 Fletcher Smith Rd STREET ADDRESS STREET ADDRESS 1203 AMHERST DRIVE CITY-ST-ZIP CITY-ST-ZIP Cottonwood OFFOF JA, DOTHAN AL Change TITLE **VD** TITLE ☐ Addition NAME NAME MOBLEY, MAX A. Faulk, E.Lan STREET ADDRESS STREET ADDRESS 121 WHITEHEAD ROAD 203 Amherst CITY-ST-ZIP CITY-ST-7IP ABBEVILLE AL TITLE Delete TITLE morgan, NAME DOVRE, HOWARD NAME STREET ADDRESS STREET ADDRESS RT 2 BOX 106C CITY-ST-7IP CITY-ST-ZIP ewv:11e Healand al Delete TITLE STD TITLE Change ☐ Addition NAME MCCALLISTER, HOWARD mopled STREET ADDRESS tehead STREET ADDRESS RT. 1, BOX 297 CITY-ST-ZIP CITY-ST-ZIP COTTONWOOD AL TITLE 👿 Delete TITLE ☐ Addition Stephens Glenn D. 340 Stonegate Drive NAME STEPHENS, GLENN D. NAME STREET ADDRESS STREET ADDRESS 1900 GLASGOW DR CITY-ST-ZIP CITY-ST-ZIP Dothan Al Change TITLE **VD** Delete TITLE ☐ Addition NAME BRANNON, JAMES R NAME STREET ADDRESS STREET ADDRESS RT. 1 BOX 207D CITY-ST-ZIP CITY-ST-7IP COTTONWOOD AL

3. 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 traffice empowered to execute the report and the corporation of the corporation of the receiver or traffice empowered to execute the report of the corporation of the receiver or traffice empowered to execute the report of the corporation of the receiver or traffice empowered to execute the report of the corporation of the receiver or traffice empowered to execute the report of the corporation of the receiver or traffice empowered to execute the report of the corporation of the receiver or traffice empowered to execute the report of the corporation of the receiver or traffice empowered to execute the report of the corporation of the receiver or traffice empowered to execute the report of the corporation of the receiver or traffice empowered to execute the report of the receiver or traffice empowered to execute the report of the receiver of th

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

robley he lot 334=

334-793-4708

Daytime Phone #

Document #283216

Polyengineering of Florida Inc.

Block 12. - Additions/Deletions

Addition

Title:

D

Name:

Moore, Alton G.

Street Address:

1442 Honeysuckle Rd.

City-St-Zip:

Dothan, AL 36305

Deletion

Title:

D

Name:

Parrish, Bret L.

Street Address:

115 Martha Ave.

City-St-Zip:

Dothan, AL 36303 Block 12. - Changes/Additions/Deletions