

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State
 03-22-2002 90027 008 ***150.00

DOCUMENT # 324485

1. Entity Name
POLK WELDING AND ERECTION CO INC

Principal Place of Business

3390 US HWY 17N
P.O. BOX 1580
BARTOW FL 33830
US

Mailing Address

3390 U.S. 17 NORTH
BARTOW FL 33830
US

00046040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4760 PAPAYA PARK
 Suite, Apt. #, etc.

3. Mailing Address

4760 PAPAYA PARK
 Suite, Apt. #, etc.

City & State

DESTIN FL

City & State

DESTIN FL

4. FEI Number

59-1270217

Applied For

Not Applicable

Zip

Country

32541 OKALOOSA

Zip

Country

32541 OKALOOSA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSE, FRANK J.
680 EAST MAIN STREET
BARTOW FL 33830

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 **P** ☐ Delete
NAME **HOWELL, GEORGE W.**
STREET ADDRESS **1335 SPRING CT 4760 PAPAYA PARK**
CITY-ST-ZIP **BARTOW FL DESTIN, FL 32541**

TITLE **S** ☐ Delete
NAME **ROUSE, FRANK J.**
STREET ADDRESS **1985 EL PASO AVENUE**
CITY-ST-ZIP **BARTOW FL**

TITLE **T** ☐ Delete
NAME **HOWELL, DEAN W.**
STREET ADDRESS **1335 SPRING CT 4760 PAPAYA PARK**
CITY-ST-ZIP **BARTOW FL DESTIN, FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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: *George W. Howell* **3/5/02 850-654-9062**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)