

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 327758

1. Entity Name

POLARIS SHIPPING CORPORATION

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90087 012 ***150.00

Principal Place of Business

Mailing Address

1114 SW 3RD ST
P O BOX 214
BOYNTON BEACH FL 33435

1114 SW 3RD ST
P O BOX 214
BOYNTON BEACH FL 85746-3851

2. Principal Place of Business

3. Mailing Address

2871 W ROADRUNNER RD

2871 W ROADRUNNER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TUCSON, AZ

TUCSON, AZ

Zip

Country

85746

USA

Zip

Country

85746

USA

4. FEI Number 59-1259012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POMEROY, JOHN C

1114 S W 3RD ST P O BOX 214
BOYNTON BEACH FL 33435

Name

~~POMEROY~~ DIAZ, DIANE

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

2635 NW 41ST ST

City

BOCA RATON

FL

Zip Code

33434

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: X DIANE DIAZ

X Diane L Day

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	POMEROY, JOHN C	
STREET ADDRESS	1114 SW 3RD ST	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PARK, LAURA	
STREET ADDRESS	355 BUENA VISTA DR E. #709W	
CITY-ST-ZIP	SAN FRANCISCO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DIAZ, DIANE	
STREET ADDRESS	2635 NW 41ST	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	POMEROY, JOHN C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMEROY, JOHN C.	
STREET ADDRESS	2871 W ROADRUNNER RD	
CITY-ST-ZIP	TUCSON, AZ 85746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/2000 520 883 1686

CR2E034 (9/99)