

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 342007

1. Entity Name

POLYGARD, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90046 013 \*\*\*158.75

Principal Place of Business

Mailing Address

5010 N. COOLIDGE AVE

P.O. BOX 15477

~~P.O. BOX 15477~~

TAMPA FL 33684-5477

TAMPA FL 33614

US

US

2. Principal Place of Business

3. Mailing Address

5010 N. COOLIDGE AVENUE

POST OFFICE BOX NO. 15477

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
TAMPA, FLORIDA

City & State  
TAMPA, FLORIDA

4. FEI Number 59-1560107

Applied For  
Not Applicable

Zip  
33614

Country  
U.S.A.

Zip  
33684-5477

Country  
U.S.A.

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

EMERSON, GLENN  
13507 WESTSHIRE DR  
TAMPA FL 33618

Name  
N/A

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, 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 VSD  
NAME EMERSON, FRED  
STREET ADDRESS 6025 ROSEWOOD DR  
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE  
NAME Please correct spelling: EMERSON, FRED ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME EMERSON, GLENN  
STREET ADDRESS 13507 WESTSHIRE DR  
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

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

TITLE VDT  
NAME EMERSON, JOHN  
STREET ADDRESS 1021 CRYSTAL LAKE ROAD  
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

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

TITLE VD  
NAME PRATT, ERIC  
STREET ADDRESS 5517 VAN DYKE ROAD  
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*John J. Emerson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
John J. Emerson, Vice-Pres/Treas.

01/04/00

(813) 877-7591

Date

Daytime Phone #

CR2F034 7/0/00