

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90121 026 ***158.75

DOCUMENT # 342007

1. Entity Name
POLYGARD, INC.

Principal Place of Business

**5010 N. COOLIDGE AVE
TAMPA FL 33614
US**

Mailing Address

**POST OFFICE BOX NO. 15477
TAMPA FL 33684-5477
US**

2. Principal Place of Business

5010 N. COOLIDGE AVENUE

3. Mailing Address

POST OFFICE BOX #15477

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

4. FEI Number

59-1560107

Applied For

☐ Not Applicable

Zip

33614

Country

U.S.

Zip

33684-5477

Country

U.S.

5. Certificate of Status Desired ☒ **XX**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EMERSON, GLENN
13507 WESTSHIRE DR
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name

James P. Hines

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

Hines Norman & Associates, P.L.

315 S. Hyde Park Ave.

City

Tampa

FL

Zip Code
33606

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

James P. Hines

James P. Hines

2-5-01

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, 2001 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	VSD	<input type="checkbox"/> Delete
NAME	EMERSON, FRED	
STREET ADDRESS	5010 N. COOLIDGE AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EMERSON, GLENN	
STREET ADDRESS	5010 N. COOLIDGE AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	EMERSON, JOHN	
STREET ADDRESS	5010 N. COOLIDGE AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRATT, ERIC	
STREET ADDRESS	5010 N. COOLIDGE AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

John J. Emerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Emerson, VP/Treas.

Date

01/17/01
02/11/01

Daytime Phone #

(813) 877-7591

CR2E034 (10/00)