

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90004 010 ***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

Suite, Apt. #, etc.

3. Mailing Address

POST OFFICE BOX No. 15477

Suite, Apt. #, etc.

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

HINES, JAMES P
5010 N. COOLIDGE AVENUE
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

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

5010 NORTH COOLIDGE AVENUE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
VSD ☐ Delete
NAME
EMERSON, FRED
STREET ADDRESS
5010 N. COOLIDGE AVE
CITY-ST-ZIP
TAMPA FL 33614

TITLE
PD ☐ Delete
NAME
EMERSON, GLENN
STREET ADDRESS
5010 N. COOLIDGE AVE
CITY-ST-ZIP
TAMPA FL 33614

TITLE
VDT ☐ Delete
NAME
EMERSON, JOHN
STREET ADDRESS
5010 N. COOLIDGE AVE
CITY-ST-ZIP
TAMPA FL 33614

TITLE
VD ☐ Delete
NAME
PRATT, ERIC
STREET ADDRESS
5010 N. COOLIDGE AVE
CITY-ST-ZIP
TAMPA FL 33614

TITLE ☐ Delete
NAME
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

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

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

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

TITLE ☐ Change ☐ 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

John V. Emerson Vice-President

01/10/02 (813) 877-7591

Date

Daytime Phone #

CR2E034 (9/01)