## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

2/2007

TAMPA FL 33614

City & State

TAMPA.

HINES, JAMES P.

**TAMPA FL 33614** 

Zip

33614

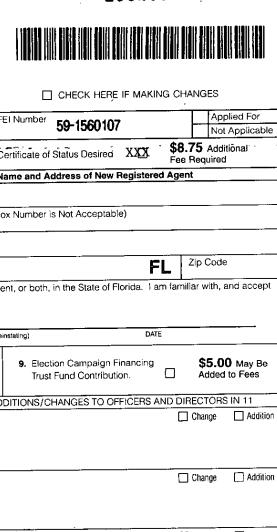
Entity Name POLYGARD, INC.		
rincipal Place of Business	Mailing Address POST OFFICE BOX NO. 15477	

TAMPA FL 33684-5477

Principal Place of Business 5010 N. COOLIDGE AVENUE	3. Mailing Address POST OFFICE BOX NO.	15477
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

**FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90245 037 \*\*\*158.75



Mailing Address POST OFFICE BOX	NO. 15477	- 1 (OCIDE HIK! DIGIS IIGII BOIK BOIKI BOIK DIGIK BIBII BYBKI DIGIK BARK IDDI			
Suite, Apt. #, etc.		☐ CHECK HERE IF MAKIN	IG CHANGES		
City & State TAMPA, FLORIDA		4. FEI Number <b>59-1560107</b>	Applied For Not Applicable		
	untry	5. Certificate of Status Desired XXX	\$8.75 Additional Fee Required		
stered Agent		7. Name and Address of New Registered	d Agent		
OOLIDGE AVE.	Name Street Address	(P.O. Box Number is Not Acceptable)			
	City	F	Zip Code		

8. The above named entity submits this statement for the purpose of changing its re the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS 第50.00

Country --- -

U.S.A.

6. Name and Address of Current Registered Agent

5010 N COLLIDGE AVENUE 5010 N. COOLIDGE AVE.

(NOTE: Registered Agent signature required when reinstating)

	May 1, 2003 Fee Will be \$550.00			Trust Fund Contribution.		to Fees
Make Check	Payable to Florida Department of State					
10.	OFFICERS AND DIRECTO	DRS	11.	ADDITIONS/CHANGES TO OFFICERS AN		
title Name Street appress	VSD . EMERSON, FRED 5010 N. COOLIDGE AVE TAMPA FL 33614	XXXXIX)Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMERSON, GLENN : 5010 N. COOLIDGE AVE TAMPA FL 33614	Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT EMERSON, JOHN 5010 N. COOLIDGE AVE TAMPA FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRATT, ERIC 5010 N. COOLIDGE AVE TAMPA FL 33614	☐ 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		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 proof 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. changed, or on an attachmer

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE PIECES.

02/03/03

(813) 877-7591

Daytime Phone #