


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

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

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

<b>DOCUMENT # 342007</b>	
1. Entity Name <b>POLYGARD, INC.</b>	

Principal Place of Business <b>5010 N. COOLIDGE AVE TAMPA FL 33614 US</b>	Mailing Address <b>POST OFFICE BOX NO. 15477 TAMPA FL 33684-5477 US</b>
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2. Principal Place of Business <b>5010 N. COOLIDGE AVENUE</b>	3. Mailing Address <b>POST OFFICE BOX NO. 15477</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TAMPA, FLORIDA</b>	City & State <b>TAMPA, FLORIDA</b>
Zip <b>33614</b>	Country <b>U.S.A.</b>



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-1560107</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <b>XXX</b>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HINES, JAMES P 5010 N. COOLIDGE AVENUE TAMPA FL 33614</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>VSD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EMERSON, FRED</b>		NAME	
STREET ADDRESS <b>5010 N. COOLIDGE AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33614</b>		CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EMERSON, GLENN</b>		NAME	
STREET ADDRESS <b>5010 N. COOLIDGE AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33614</b>		CITY-ST-ZIP	
TITLE <b>VDT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EMERSON, JOHN</b>		NAME	
STREET ADDRESS <b>5010 N. COOLIDGE AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33614</b>		CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRATT, ERIC</b>		NAME	
STREET ADDRESS <b>5010 N. COOLIDGE AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33614</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**  
John Emerson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR EMPLOYEE  
02/03/03 (813) 877-7591  
Date Daytime Phone #

CR2E034 (10/02)