

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90073 043 ***150.00

DOCUMENT # 671853

1. Entity Name

POLYDOM, INC.

Principal Place of Business

Mailing Address

237 LOOKOUT PLACE
SUITE 100
MAITLAND FL 32751P.O. BOX 1656
MAITLAND FL 32794

A0018558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2006585

Applicable
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ICARDI, ALDO
237 LOOKOUT PLACE
SUITE 100
MAITLAND FL 32751

Name

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JAQUES, OLIVIER
DOMUS, POSTFACH 197
8035 ZURICH, SWITZERLAND ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ICARDI, ALDO
237 LOOKOUT PLACE, SUITE 100
MAITLAND FL 32751 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

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 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 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

2-2-00

Date

(407) 647-1

Daytime Phone #