

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2000 08:00 AM**
Secretary of State**DOCUMENT # F99000004640****1. Entity Name**
POLYTRANS, INC.**Principal Place of Business**

1919 19TH STREET

SARASOTA
34233

FL

Mailing Address

5763 CARRIAGE DRIVE

SARASOTA
34231

FL

2. Principal Place of Business

1919 19TH STREET

3. Mailing Address

1919 19TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA

FL

City & State

SARASOTA

FL

4. FEI Number**58-2332164**

Applied For

Not Applicable

Zip
34234

Country

Zip
34234

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**HERRING JOSEPH
5763 CARRIAGE DRIVESARASOTA
34243

FL

US

7. Name and Address of New Registered Agent

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)

04/29/2000

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 State**10. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34112	<input type="checkbox"/> Delete
		POPOLI ROBERT	3652 BOCA CIEGA DRIVE	NAPLES			

TITLE	V	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33904	<input type="checkbox"/> Delete
		BRECO ROBERT	165 SE 27TH STREET	CAPE CORAL			

TITLE	PT	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34243	<input type="checkbox"/> Delete
		HERRING JOSEPH	5763 CARRIAGE DRIVE	SARASOTA			

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Delete

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Delete

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34109	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		POPOLI ROBERT	1250 SILVER SANDS DRIVE	NAPLES				

TITLE	V	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33904	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		GRECO ROBERT	165 SE 27TH STREET	CAPE CORAL				

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:** Joseph Herring

PT

04/29/2000