2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 20, 2001 8:00 am Secretary of State **DOCUMENT # G19837** POLO PARK CONSTRUCTION CO. 01-20-2001 90011 001 ***150.00 Principal Place of Business Mailing Address 12222 HWY 27 N 12222 HWY 27 N DAVENPORT FL 33837 DAVENPORT FL 33837 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2255987 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BORNSTEIN DAVID S Street Address (P.O. Box Number is Not Acceptable) 12525 US HWY 27 N. DAVENPORT FL 33837 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. --Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITL F Dowid Borns tel BORNSTEIN, DAVID S NAME NAME 12222 us 11/2 hover 271 12525 US HWY 27 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVENPORT FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BORNSTEIN, RITA NAME NAME 12222 US 10/2 hung 27/ 1111 E AMELIA ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change Addition □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP ☐ Addition Change TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 feceiver 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.