

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90018 050 ***150.00

DOCUMENT # H65881

1. Entity Name
POLYPHASE CONSTRUCTION, INC.

Principal Place of Business 23210 BROOWERTOWN RD HOWEY IN THE HILLS FL 34737	Mailing Address 23210 BROOWERTOWN RD HOWEY IN THE HILLS FL 34737-4030 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 23210 BROOWERTOWN RD Suite, Apt. #, etc.	3. Mailing Address 23210 BROOWERTOWN RD Suite, Apt. #, etc.
City & State HOWEY IN THE HILLS FL	City & State HOWEY IN THE HILLS
Zip 34737	Zip 34737
Country LAKE	Country LAKE

4. FEI Number 59-2548749	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ZEIS, DONALD W
7798 MURCOTT CIRCLE
ORLANDO FL 32835

NEW ADDRESS →

7. Name and Address of New Registered Agent
 Name **ZEIS, DONALD W.**
 Street Address (P.O. Box Number is Not Acceptable)
23210 BROOWERTOWN RD
 City **HOWEY IN THE HILLS FL** Zip Code **34737**

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 _____ (NOTE: Registered Agent signature required when remstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	P WILKEN, GEORGE L. 519 LAKE AVE. ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZEIS, DONALD W 7798 MURCOTT CIRCLE ORLANDO FL <input type="checkbox"/> Delete <i>ADDRESS CHANGE</i>
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZEIS DONALD W 23210 BROOWERTOWN RD HOWEY IN THE HILLS FL <input checked="" 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
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: Donald Zeis Date: 1-27-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)

352-324-3860