## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H65881**

1. Entity Name

POLYPHASE CONSTRUCTION, INC.

## FILED Mar 01, 2001 8:00 am Secretary of State 03-01-2001 91325 009 \*\*\*150.00

| Principal Place of Business 23210 BROOWERTOWN RD HOWEY IN THE HILLS FL 34737 JS 2. Principal Place of Business |  | Mailing Address 23210 BROOWERTOWN RD HOWEY IN THE HILLS FL 34737 US 3. Mailing Address |  |   |  |
|--|--|--|--|---|--|
|  |  |  |  |   |  |
| City & State   |  | City & State   |  | 4. FEI Number 59-2548749 Applied For Not Applicable                           |  |
| Zip  | Country  | Zip  | Country  | 5. Certificate of Status Desired Sa.75 Additional Fee Required                |  |
|  | 6. Name and Address of Current   | Registered Agent   |  | 7. Name and Address of New Registered Agent                                   |  |
|  |  |  | Name   |   |  |
| 23210 E  | onald w<br>Broowertown RD<br>' In the Hills FL 34737   |  | Street Addres  | ess (P.O. Box Number is Not Acceptable)                                       |  |
|  |  |  | City   | Zip Code  |  |
| 9. This corporat   | nature, typed or printed name of registered agent ion is eligible to satisfy its Intangible uirement and elects to do so. on back) | FILE NOV   | OTE: Registe of Agent Chature requirements  N!!! FEE IS \$150.00  2001 Fee will be \$550.0  rable to Department of S |   |  |
| 11.  | OFFICERS AND   | DIRECTORS  | 12.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |  |
| STREET ADDRESS 5   |  | Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Change ☐ Addition   |  |
| NAME Z<br>STREET ADDRESS 2   | P<br>IEIS, DONALD W<br>3210 BROOWTOWN RD<br>IOWEY IN THE HILLS FL 34737  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>ELS; ADMALO X/<br>32.10-13.80ULSERTOWN RO<br>CWGY IN THE KNIJS FJ- 34737 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OWET IN THE THEEO TE 04/3/   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Change Addition   |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Change ☐ Addition   |  |
| NAME STREET ADDRESS CITY-ST-ZIP  | ,  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Change ☐ Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Change ☐ Addition   |  |

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.