

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90049 038 ***150.00



DOCUMENT # H65881

1. Entity Name
POLYPHASE CONSTRUCTION, INC.

Principal Place of Business
**23210 BROOWERTOWN RD
HOWEY IN THE HILLS FL 34737
US**

Mailing Address
**23210 BROOWERTOWN RD
HOWEY IN THE HILLS FL 34737
US**



2. Principal Place of Business
23210 BROOWERTOWN RD

3. Mailing Address
23210 BROOWERTOWN RD

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2548749** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ZEIS, DONALD W				Name			
23210 BROOWERTOWN RD				Street Address (P.O. Box Number is Not Acceptable)			
HOWEY IN THE HILLS FL 34737				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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NAME	ZEIS, DONALD W	NAME		NAME		NAME	
STREET ADDRESS	23210 BROOWTOWN RD	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	HOWEY IN THE HILLS FL 34737	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** (1-4-03) 352 324 3860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)