2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H65881

1. Entity Name

POLYPHASE CONSTRUCTION, INC.



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

01-08-2003 90049 038 ***150.00

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

Mailing Address 23210 BROOWERTOWN RD HOWEY IN THE HILLS FL 34737

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2. Principal Place of Bus		3. Mailing Address			الم	i (8814t) gila erial assat intel sam	i iibi aikii sisii i		VII. \$1817.1007	
23210 BRO	UWERTOWN	RJ 23210 BRO	NWER	TOWN	، وعر					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE I	F MAKING C	HANGES		
City & State		City & State	City & State			4. FEI Number 59-2548749			oplied For	
City & State						3972340748		No	ot Applicable	
Zip	Country	Zip	Zip Count			5. Certificate of Status Desired Fee f			75 Additional Required	
6. Name and Address of Current Registered Agent					7. N	ame and Address of New Ro	egistered Ag	e <u>nt</u>		
and the second s				Name						
ZEIS, DONALD W			-	Street Address (P.O. Box Number is Not Acceptable)						
23210 BROOWERTOWN RD										
HOWEY IN THE HILLS FL 34737						· .				
			Ţ	City	•		FL	Zip Coc	le	
2 The shows second or	atity outmits this statement	for the purpose of changing	its registere	d office or re	egistered age	ent, or both, in the State of Flo	rida. I am far	miliar with,	and accept	
the obligations of reg		tor the purpose of changing	g no regional	a umos or ra	-g					
SIGNATURE	ped or printed name of registered age	ent and title if applicable.	NOTE: Registered	Agent signature	required when rei	nstating)	DATE			
<u>-</u>										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						 Election Campaign Fir Trust Fund Contribution)0 May Be d to Fees	
Make Check Payable	to Florida Department	of State			ı					
10.	OFFICERS AN	ND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFF	ICERS AND I	DIRECTOR	S IN 11	
TITLE P		☐ Delete	TITLE					Change	☐ Addition	
	ONALD W		NAME							
	ROOWTOWN RD			ET ADDRESS						
CITY-ST-ZIP HOWEY	IN THE HILLS FL 3473			ST-ZIP				Change	☐ Addition	
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CITY-ST-ZIP ·			UIII	-01-511						

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 AND TYPED OR PRINTED NAME: SIGNING OFFICER OR DIRECTOR

1-4-03) 324 380