

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H97098

Entity Name
POLK ENTERPRISES, INC.

FILED

00 JUN 23 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9TH STREET
LEESBURG FL 34748

Mailing Address
1309 9TH STREET
LEESBURG FL 34748-6847

Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 59-2630114
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
POLK, WILLIAM L
1309 SOUTH 9TH STREET
LEESBURG FL 34748

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
P POLK, WILLIAM L. 1309 S. 9TH ST. LEESBURG FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST POLK, LYNNE G. 1309 S. 9TH ST. LEESBURG FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST [Blank]	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST [Blank]	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST [Blank]	TITLE NAME STREET ADDRESS CITY - ST - ZIP		

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 stated 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 an other like empowered.

SIGNATURE: Lynne G Polk / Lynne G Polk sec/treas 6/10/00 352-787-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #