

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07497

1. Entity Name

POLARIS INVESTMENT CORP.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90110 014 \*\*\*150.00

Principal Place of Business

~~3701 TAMiami TRAIL  
PO BOX 380083  
MURDOCK FL 33938  
US~~

Mailing Address

~~3701 TAMiami TRAIL  
PO BOX 380083  
MURDOCK FL 33938-0083  
US~~

2. Principal Place of Business

2565 CANNOLOT BLVD.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 380127

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT CHARLOTTE, FL

City & State

MURDOCK, FL

4. FEI Number

65-0022763

Applied For

Not Applicable

Zip

33948

Country

CHARLOTTE

Zip

33938

Country

CHARLOTTE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURNO, RICHARD A.

~~3701 TAMiami TRAIL~~

~~PORT CHARLOTTE FL 33952~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2565 CANNOLOT BLVD.

City

PORT CHARLOTTE

FL

Zip Code

33948

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: *Richard A. Murno, RICHARD A. MURNO, PRES.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-14-00

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 PD  
NAME MURNO, RICHARD A.  
STREET ADDRESS ~~3701 TAMiami TRAIL~~  
CITY-ST-ZIP ~~PORT CHARLOTTE FL 33952~~

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2565 CANNOLOT BLVD.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE VD  
NAME MURNO, ANN S.  
STREET ADDRESS ~~3701 TAMiami TRAIL~~  
CITY-ST-ZIP ~~PORT CHARLOTTE FL 33952~~

☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2565 CANNOLOT BLVD.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE STD  
NAME MURNO, TIMOTHY J.  
STREET ADDRESS ~~3701 TAMiami TRAIL~~  
CITY-ST-ZIP ~~PORT CHARLOTTE FL 33952~~

☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 437 DELANEY STREET  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Richard A. Murno, RICHARD A. MURNO, PRES.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

Daytime Phone #

(941) 625-0641

CR. 1004-0000