

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90010 027 \*\*\*550.00

**DOCUMENT # L08694**

1. Entity Name  
**SMALL ENGINE WORLD, INC.**

Principal Place of Business

**3555 BAYSHORE DR  
NAPLES FL 33962**

Mailing Address

**3555 BAYSHORE DR  
NAPLES FL 33962**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0137962**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**ADDISON, MILTON  
3555 BAYSHORE DR  
NAPLES FL 33962**

Name **PAUL J. POLEN**  
Street Address (P.O. Box Number is Not Acceptable)

**3555 BAYSHORE DR.**  
City **NAPLES** FL Zip Code **34112**

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

(NOTE: Registered Agent signature required when reinstating)

**8-1-00**  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **ADDISON, MILTON**  
STREET ADDRESS **164 JEEPERS DR**  
CITY-ST-ZIP **NAPLES FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **PAUL J. POLEN**  
STREET ADDRESS **3830 7th AVE. N.W.**  
CITY-ST-ZIP **NAPLES, FL. 34120**

TITLE **ST** ☒ Delete  
NAME **ADDISON, DOLORES**  
STREET ADDRESS **164 JEEPERS DR**  
CITY-ST-ZIP **NAPLES FL**

TITLE **JEFFREY N. POLEN V.P.** ☒ Change ☐ Addition  
NAME **JEFFREY N. POLEN**  
STREET ADDRESS **3255 3RD. AVE. S.W.**  
CITY-ST-ZIP **NAPLES, FL. 34117**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SECRETARY/TREASURER** ☐ Change ☐ Addition  
NAME **PAULA K. UNDEROTT**  
STREET ADDRESS **3830 7th AVE. N.W.**  
CITY-ST-ZIP **NAPLES, FL. 34120**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/1/00** **941-793-0066**  
Date Daytime Phone #

CR2E034 (5/00)