## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # L16974** Mar 23, 2000 8:00 am **Secretary of State** JOHN W. POLHEMUS, INC. 03-23-2000 90018 024 \*\*\*150.00 Mailing Address Principal Place of Business 1045 NE INDUSTRIAL BLVD 1045 NE INDUSTRIAL BLVD JENSEN BEACH FL 34957-5031 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0142173 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POLLEMUS, JOHN W Street Address (P.O. Box Number is Not Acceptable) 1045 NE INDUSTRIAL BLVD JENSEN BEACH FL 34957 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE TITLE ☐ Delete NAME NAME POLHEMUS, JOHN W. STREET ADDRESS STREET ADDRESS 1045 NE INDUSTRIAL BLVD CITY-ST-ZIP CITY-ST-7IP JENSEN BEACH FL 34957 Addition ☐ Delete TIT! F TITLE NAME POLHEMUS, DIANE E. NAME STREET ADDRESS 1045 NE INDUSTRIAL BLVD STREET ADDRESS CITY-ST-7H CITY-ST-ZIP JENSEN BEACH FL 34957 Delete TITLE ☐ Change Addition POLHEMUS, BRYAN W NAME STREET ADDRESS 1045 NE INDUSTRIAL BLVD STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP JENSEN BEACH FL 34957 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/00

541-232-2001

Daytime Phone #

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