

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90007 023 \*\*\*158.75

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L37035**  
 1. Entity Name  
**Poling and Associates, Inc.**

**650730**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3030 Juniper Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**Post Office Box 658**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Edgewater, Florida**

City & State  
**Edgewater, Florida**

4. FEI Number  
**59-3109489**  
 Applied For  
 Not Applicable

Zip  
**32141-6208**

Country  
**USA**

Zip  
**32132-0658**

Country  
**USA**

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

**DO NOT WRITE  
 IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Donna J. Poling EA ATA ATP**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3030 Juniper Drive**  
 City **Edgewater** **FL** Zip Code **32141-6208**

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 \_\_\_\_\_ **04-18-2002** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when re-issuing.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President, CEO, Chair</b> <b>Donna J. Poling EA ATA ATP</b> <b>3030 Juniper Drive</b> <b>Edgewater, Florida 32141-6208</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <b>John M. S. Giovannoni EA CMA ATA</b> <b>3030 Juniparr Drive</b> <b>Edgewater, Florida 32141-6208</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerment.

SIGNATURE: *Donna J. Poling, President*  
*Donna J. Poling*

**04.18.2002**

**386-428-9584**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #