2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000493

1. Entity Name

POLAK CO., L.L.C.

Principal Place of Business 1117 SNYDER ROAD WEST LAWN PA 19609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip



FILED Mar 25, 2003 8:00 am **Secretary of State**

03-25-2003 90054 010 ****50.00

	Mailing Address			
	1117 SNYDER ROAD WEST LAWN PA 19609			ļ
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	3. Mailing Address	_]

Suite, Apt. #, etc.

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☐ CHECK HERE IF MAKING CHANGES

Applied For Not Applicable

City & State Country Zip

Certificate of Status Desired

4. FEI Number

\$5.00 Additional

Fee Required

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

Country

6. Name and Address of Current Registered Agent

	and Address of New	Registered Ag	ent	
7. Name	and Address Of New	iogiota a		
Name			<u> </u>	
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19-4487348

	,	City	16
	The above named entity submits this statement for the purpose of changing its registered	deffice or registered agent, or both, in the State of Florida.	I am familiar with, and accept
8.	The above named entity submits this statement for the purpose of changing its registers	ed diffice of registered agont of bound	
	the obligations of registered agent.		
			0.175

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State

	Make Check Payable to Florida Department of Sta Due By May 1, 2003			rtment of State	TO VICTORIES ANGES	· 		
	MANAGING MEMBERS	/MANAGERS	10.		ADDITIONS/CHANGES	Change	Addition	2
9.	MANAGING MEMBERS	Delete	TITLE	_		Change		(40/05)
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Michael L. Polak, Pres. PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE

3/21/03

(610) 678-1913

Daytime Phone #