

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000144

1. Entity Name

POLYMER TECHNOLOGIES OF TENNESSEE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 PM 2:22

Principal Place of Business

1255 INDUSTRIAL DRIVE
HUNTINGDON TN 38344

Mailing Address

12946 SW DAVID DRIVE
LAKE SUZY FL 34266-3753

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1624562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOLAN, DAWN M
12946 S.W. DAVID DR.
ARCADIA FL 34266

Name

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

2643 PROVIDENCE ST

City

FT MYERS

FL

Zip Code

33916

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)

DATE

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

mf 2/23/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS NOLAN, DAWN M
CITY-ST-ZIP 12946 S.W. DAVID DRIVE
ARCADIA FL 33821

TITLE NAME
STREET ADDRESS 2643 PROVIDENCE ST
CITY-ST-ZIP FT MYERS FLA 33916

TITLE NAME MGR
STREET ADDRESS NOLAN, JOANNA
CITY-ST-ZIP 12946 S.W. DAVID DR.
ARCADIA FL 33821

TITLE NAME
STREET ADDRESS 2643 PROVIDENCE ST
CITY-ST-ZIP FT MYERS, FLA 33916

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS 500003148795--8
CITY-ST-ZIP -02/25/00--01108--016
*****50.00 *****50.00

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Dawn Nolan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/8/00
Date

941-332-0482
Daytime Phone #

CR2E083 (9/99)