

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90024 031 ****61.25

DOCUMENT # N19525
 1. Entity Name
POLYWOGS, INC.

Principal Place of Business %DOUGLASS, ROBERT 8351 BLIND PASS ROAD ST. PETERSBURG BCH. FL 33706		Mailing Address %DOUGLASS, ROBERT 8351 BLIND PASS ROAD ST. PETERSBURG BCH. FL 33706-1515	
2. Principal Place of Business		3. Mailing Address Elliott Gassner 2110 - 4th St. N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State St. Petersburg, FL	
Zip	Country	Zip	Country
		33704	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2602598		Applied For
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOUGLASS, ROBERT A. 8351 BLIND PASS ROAD ST. PETERSBURG BCH. FL 33706		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GASSNER, ELLIOTT 2110-4TH ST NORTH ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, ROBERT 1201-5TH AVE NORTH #207 ST. PETE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DOUGLASS, ROBERT A. 8351 BLIND PASS ROAD ST. PETERSBURG FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEFFRIES, RAY 100 N. TAMPA ST.-#2200 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ULRICH, RICHARD G 100-2ND AVE SOUTH #606 ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add Ulrich, Richard G 100 - 2nd Avenue South #606 St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCARTHY, VAUGHN E 6625 CORMORANT CT SOUTH PASADENA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add McCarthy Vaughn E 6625 Cormorant Ct. South Pasadena FL 33707

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/7/00** **727 896-6477**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #