

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90031 020 ****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

%ELLIOTT GASSNER
2110-4TH ST. N.
ST. PETERSBURG BCH. FL 33706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2602598

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUGLASS, ROBERT A.
8351 BLIND PASS ROAD
ST. PETERSBURG BCH. FL 33706

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

 City _____ **FL** Zip Code _____

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 \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **TD GASSNER, ELLIOTT**
 STREET ADDRESS **2110-4TH ST NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Delete
 NAME **D NELSON, ROBERT**
 STREET ADDRESS **1201-5TH AVE NORTH #207**
 CITY-ST-ZIP **ST. PETE FL**

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Delete
 NAME **D DOUGLASS, ROBERT A.**
 STREET ADDRESS **8351 BLIND PASS ROAD**
 CITY-ST-ZIP **ST. PETERSBURG FL 33706**

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Delete
 NAME **SD JEFFRIES, RAY**
 STREET ADDRESS **100 N. TAMPA ST.-#2200**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Delete
 NAME **D ULRICH, RICHARD G**
 STREET ADDRESS **100-2ND AVE SOUTH #606**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Delete
 NAME **PD MCCARTHY, VAUGHN E**
 STREET ADDRESS **6625 CORMORANT CT SOUTH**
 CITY-ST-ZIP **PASADENA FL**

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/2001 (727) 577-9400
 Date Daytime Phone #

CR2E037 (5/01)