

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

05-29-2002 93599 037 ****61.25
 09-19-2002 90159 010 ****61.25

B0139640



DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000005647

1. Entity Name
BRIDGES OF AMERICA - THE POLK BRIDGE, INC.

Principal Place of Business

2055 MERCY DR
 ORLANDO FL 32808
 US

Mailing Address

2055 MERCY DR
 ORLANDO FL 32808
 US

2. Principal Place of Business

602 Melton Avenue
 Suite, Apt. #, etc.

3. Mailing Address

2011 Mercy Drive
 Suite, Apt. #, etc.

City & State
~~Orlando~~ **Auburndale, FL**

Zip
33823

Country
USA

City & State
Orlando FL

Zip
32808

Country
USA

4. FEI Number **59-3289594**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COSTANTINO, FRANK
 2055 MERCY DR
 ORLANDO FL 32808-5629

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

TITLE	D	<input type="checkbox"/> Delete
NAME	COSTANTINO, FRANK	
STREET ADDRESS	5519 BAYSIDE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMURTRY, GRADY	
STREET ADDRESS	4698 HALL RD	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DON	
STREET ADDRESS	6325 WHIP-O-WILL LANE	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	D	<input type="checkbox"/> Delete
NAME	POITRAS, EDWARD W	
STREET ADDRESS	27 LAKE HAMILTON BEACH	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, BEN	
STREET ADDRESS	P O BOX 279	
CITY-ST-ZIP	BRYSON CITY NC 28713	
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 supplementary 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 REQUIRED
Signature of Frank Costantino

CR2E037 (4/02)