2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90127 021 ***150.00

DOCUMENT # P00000003533

1. Entity Name
PROFESSIONAL POLYMERS, INC.

Principal Place of Business	Mailing Address
319 NOTTINGHAM BLVD WEST PALM BEACH FL 33405	319 NOTTINGHAM BLVD WEST PALM BEACH FL 33405

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2296 Florida Street	2296 Florida Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33406 Country: U.S.A.	Zip: 33406 Country: U.S.A.

4. FEI Number 65-0973800 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEHNEN-BALES, COLLEEN
319 NOTTINGHAM BLVD
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name: Colleen Lehnen - Bales
Street Address (P.O. Box Number is Not Acceptable): 2296 Florida Street
City: West Palm Beach FL Zip Code: 33406

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: Colleen Lehnen-Bales DATE: 4/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEHNEN-BALES, COLLEEN S 319 NOTTINGHAM BLVD WEST PALM BEACH FL 33405	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Colleen Lehnen Bales 2296 Florida Street W.P.B., FL 33406	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPER, GILLIAN 404 ANCHORAGE LANE NORTH PALM BEACH FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 607, 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: Colleen Lehnen-Bales - Colleen Lehnen-Bales 4/7/03 561-687-0065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #