

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037154

1. Entity Name

POLYMER TESTING INSTRUMENTS, INC.

Principal Place of Business

PO BOX 840045  
ST AUGUSTINE FL 32084

Mailing Address

PO BOX 840045  
ST AUGUSTINE FL 32084

2. Principal Place of Business

2139 Dobbs Rd #4

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

City & State

4. FEI Number

34-1843787

Applied For

Not Applicable

Zip

32086

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Giffin, Kim M

6315 SALADO RD

ST AUGUSTINE FL 32084

19101 Harbour Vista Ct  
St. Augustine, FL  
32080

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.

SIGNATURE

Kim M. Giffin

President

Kim M. Giffin

1/5/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Kim Giffin	
STREET ADDRESS	19101 Harbour Vista Circle	
CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Douglas Giffin	
STREET ADDRESS	19101 Harbour Vista Circle	
CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kim M. Giffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

904-826-3344

Daytime Phone



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)