

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

0009459 AV

DOCUMENT # P00000037154

1. Entity Name
POLYMER TESTING INSTRUMENTS, INC.

02-17-2002 90029 010 ***150.00

Principal Place of Business
2139 DOBBS ROAD
#4
ST AUGUSTINE FL 32086

Mailing Address
2139 DOBBS ROAD
#4
ST AUGUSTINE FL 32086



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-1843787**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIFFIN, KIM M
1901 HARBOUR STREET
ST AUGUSTINE FL 32080

Name Kim M. Giffin
Street Address (P.O. Box Number is Not Acceptable)

6948 Cypress Spring Ct.

City St. Augustine

FL

Zip Code 32086

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

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

(NOTE: Registered Agent signature required when reinstating)

1/30/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GIFFIN, KIM**
STREET ADDRESS **2139 DOBBS ROAD**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE **P** ☒ Change ☐ Addition
NAME Giffin, Kim
STREET ADDRESS 6948 Cypress Spring Ct.
CITY-ST-ZIP St. Augustine, FL 32086

TITLE **VP** ☐ Delete
NAME **GIFFIN, DOUGLAS**
STREET ADDRESS **2139 DOBBS ROAD**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE **VP** ☒ Change ☐ Addition
NAME Giffin, Douglas
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

1/30/02
Date

904-826-3344
Daytime Phone #

CR2E034 (9/01)