2001 UNIFORM BUSINESS REPORT (UBR)

5/3/0

FILED
May 25, 2001 8:00 am
Secretary of State
05-03-2001 90995 022 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000108699

1. Entity Name
Polo Finance, Inc.

Principal Place of Business	Mailing Address
Hwy 129 N Live Oak, FL 32060	Hwy 129 N Live Oak, FL 32060

2. Principal Place of Business	3. Mailing Address
P.O. Box N	P.O. Box N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Live Oak, Florida	City & State: Live Oak, Florida
Zip: 32060 Country:	Zip: 32060 Country:

4. FEI Number: 59-3682246 ☐ Applied For ☐ Not Applicable

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
Ford, Jeter, Bowlus, Duss & Morgan, P.A. 10110 San Jose Boulevard Jacksonville, Florida 32257	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE: PTSD NAME: Boyle, Todd STREET ADDRESS: P.O. Box N CITY-ST-ZIP: Live Oak, Florida 32060 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE: VD NAME: Bryan, Walter H., Jr. STREET ADDRESS: P.O. Box N CITY-ST-ZIP: Live Oak, Florida 32060 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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: [signature] 4/19/01 (904) 781-0161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #