## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 28, 2008 8:00 am Secretary of State

				02-28-2008 90021 010 ***150.00		
1. Entity Name Polymer						
Quigley Enterprises, Ir	nc.					
DO N	OT WRITE	IN THIS	SPACE	40035191		
2. Principal Place of Business 1245 Jackson Road		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Clearwater, FL		City & State		_4. FEI Number 27-0004249	<ul> <li>Applied For –</li> <li>Not Applicable</li> </ul>	
Zip 33755	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				me and Address of Current Re		
	SOMOTIV		. Name Jeffrey Putne	y		
DO NOT WRITE			Street Add	Street Address (P.O. Box Number is Not Acceptable) 1245 Jackson Road		
	N THIS SP	ACE 📖	12-10 0001.50			
			City	- <b>F</b> I	Zip Code	
8. The above named	l entity submits this s	tatement for the pur	Clearwater Pose of changing its re	gistered office or registered agen	<u> 33755</u> 33755 t, or both, in the	
			ons of registered agent.			
SIGNATURE	ire, typed or printed name o	f registered agent and title	n if applicable (NOTE: Besi	stered Agent signature required when reins	stating) DATE	
January 1	- May 1 Fee is \$150.		e ii applicable. (NOTE: Regi			
After May 1, Fee is \$550.00 Amended UBR is \$61.25				9. Election Campaign Financing Trust Fund Contribution.	· · — ·	
Make Check Payable to Florida Departr  10. OFFICERS A		nent of State				
TITLE	President	NO DINEOTONO	TITLE			
NAME STREET ADDRESS	Jeffrey Putney 1245 Jackson Road		NAME *** STREET ADDRES	SS ST.	12 July 1987	
CITY-ST-ZIP TITLE	Clearwater, FL 3375	55	CITY-ST-ZIP			
NAME			NAME .			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES			
TITLE NAME			TITLE		19 <b>-1</b>	
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NAME STREET ADDRESS			NAME STREET ADDRES			
CITY-ST-ZIP  12. I hereby certify that the	ne information supplied w	ith this filing does not a	CITY-ST-ZIP	ted in Section 119.07(3)(i), Florida Stati	utes   further	
recover vericity intal il			,, ,-: -:/-::: Pubit atal	(0)(1), 1 101146 0160		

2. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Jeffrey Putney

2.13.08

NO TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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te Daytime Phone #