


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90100 039 ***150.00

DOCUMENT # P01000057086			
1. Entity Name POLK REALTY, INC.			
Principal Place of Business 723 TROPICAL WAY LAKELAND, FL 33805		Mailing Address 723 TROPICAL WAY LAKELAND, FL 33805	
2. Principal Place of Business 6021 S Florida Ave Suite, Apt. #, etc.		3. Mailing Address 695 S Floral Ave Suite, Apt. #, etc.	
City & State Lakeland FL		City & State Bartow FL	
Zip 33813		Zip 33830	
Country USA		Country USA	
4. FEI Number 59-3730815		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIZELLE, GREGORY A 723 TROPICAL WAY LAKELAND, FL 33805		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) 695 S Floral Ave City Bartow FL Zip Code 33830	
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 <i>Gregory A. Mizelle</i> Gregory A. Mizelle 4-25-03 <small>(NOTE: Registered Agent Signature Required when Re-registering)</small> DATE			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D MIZELLE, GREGORY A 723 TROPICAL WAY LAKELAND, FL 33805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gregory A. Mizelle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 695 S Floral Ave Bartow FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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: <i>Gregory A. Mizelle</i> Gregory A. Mizelle 4/25/03 863.698.0075 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #</small>			

CFR2E034 (10/02)