

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90089 030 ***150.00

DOCUMENT # P01000073577

1. Entity Name

POLK COUNTY INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5417 S. FLA AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 6422

Suite, Apt. #, etc.

City & State

LAKELAND, FL 33813

City & State

LAKELAND, FL 33807-6422

4. FEI Number

5923732283

Applied For

Not Applicable

Zip

33813

Country

US

Zip

33807-6422

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

STEPHEN M. KNAPP

Street Address (P.O. Box Number is Not Acceptable)

5417 S. FLORIDA AVENUE

City

LAKELAND,

FL

Zip Code

33813

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 ²

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

**January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR/PRESIDENT/TREASURER
STEPHEN M. KNAPP
5417 S. FLORIDA AVE
LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR/SECRETARY
MYONG KNAPP
5417 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR/VICE PRESIDENT
DANIEL KNAPP
5417 SOUTH FLORIDA
LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen M. Knapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN M KNAPP

3-15-2002

Date

863-644-5588

Daytime Phone #