

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

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

04-30-2003 90100 016 ***150.00

DOCUMENT # P01000093937

1. Entity Name
POLK BUILDER, INC.



Principal Place of Business
**6121 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813**

Mailing Address
**723 TROPICAL WAY
LAKELAND, FL 33805**

2. Principal Place of Business

3. Mailing Address

695 S Floral Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bartow FL

Zip

Country

33830

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-7219191

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

**HIGGINS, DONNA F
723 TROPICAL WAY
LAKELAND, FL 33805**

Name
Donna F. Mizelle

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.

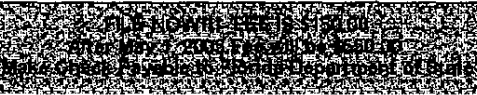
SIGNATURE

Donna F. Mizelle **Donna F. Mizelle** **4-25-03**

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

(NOTE: Registered Agent signature required when electing)

DATE



9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
HIGGINS, DONNA F ☐ Delete
723 TROPICAL WAY
LAKELAND, FL 33805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Donna F. Mizelle ☒ Change ☐ Addition
695 S Floral Ave
Bartow FL 33830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 607, 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:

Donna F. Mizelle **Donna F. Mizelle** **4-25-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-581-7600

CR2E034 (10/02)