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	Mailing Address
6121 SOUTH FLORIDA AVENUE LAKELAND, FL 33813	723 TROPICAL WAY LAKELAND, FL 33805

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		695 S Floral Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Bartow FL	
Zip	Country	Zip: 33830	Country: USA

4. FEI Number **59-7218181** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, DONNA F
723 TROPICAL WAY
LAKELAND, FL 33805

7. Name and Address of New Registered Agent

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 723 TROPICAL WAY LAKELAND, FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donna F. Mizelle 695 S Floral Ave Bartow FL 33830	☒ Change ☐ Addition
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CR2E034 (10/02)

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 4-25-03 863-581-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #