

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90401 024 \*\*\*150.00

**DOCUMENT # P94000029424**

1. Entity Name

**POLO GEAR, INC.**

Principal Place of Business

**3500 FAIRLANE FARMS RD  
STE 15  
WELLINGTON FL 33414  
US**

Mailing Address

**C/O MENOZA AND CALLAS  
PO BOX 2715  
PALM BEACH FL 33480  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0480960**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****DE MENDOZA III, MARIO G  
C/O MENDOZA AND CALLAS  
251 ROYAL PALM WAY  
PALM BEACH FL 33480****7. Name and Address of New Registered Agent**

Name-

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

City

**FL**

Zip Code

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9.** This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>FELLERS, GARY T</b>	
STREET ADDRESS	<b>251 ROYAL PALM WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	

TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>SASSOON, JEANETTE</b>	
STREET ADDRESS	<b>251 ROYAL PALM WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	

TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>DE MENOZA III, MARIO G</b>	
STREET ADDRESS	<b>251 ROYAL PALM WAY, STE 602</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	

TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILKINSON, DEBRA</b>	
STREET ADDRESS	<b>251 ROYAL PALM WAY, STE 602</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gary T. Fellers, President**

Date

Daytime Phone #

**(561) 795-1719**

CR2E034 (9/01)