

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 10, 2000 08:00 AM  
Secretary of State****DOCUMENT # P94000080724****1. Entity Name**  
POLARIS SYSTEMS GROUP, INC.

<b>Principal Place of Business</b>	<b>Mailing Address</b>
13931 GERANIUM PLACE	11924 FOREST HILL BLVD.
SUITE 22-200	SUITE 22-200
WEST PALM BEACH FL	WEST PALM BEACH FL
33414 US	33414

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
14541 DRAFT HORSE LANE	14541 DRAFT HORSE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b>	<b>City &amp; State</b>
WEST PALM BEACH FL	WEST PALM BEACH FL

<b>4. FEI Number</b>	<b>Applied For</b>
65-0535216	Not Applicable

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
33414	US	33414	US

**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**

KANE EDWARD J.  
13931 GERANIUM PLACE  
SUITE 22-200  
WEST PALM BEACH FL  
33414 US

Name  
KANE EDWARD J  
Street Address (P.O. Box Number is Not Acceptable)  
14541 DRAFT HORSE LANE  
City  
WEST PALM BEACH FL Zip Code  
33414

**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 EDWARD J. KANE****01/10/2000**

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>STD</b> <input type="checkbox"/> Delete
<b>NAME</b>	CARLISLE RICHARD A
<b>STREET ADDRESS</b>	2417 BUCKNELL DRIVE
<b>CITY-ST-ZIP</b>	VALRICO FL

<b>TITLE</b>	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	CARLISLE RICHARD A
<b>STREET ADDRESS</b>	2417 BUCKNELL DRIVE
<b>CITY-ST-ZIP</b>	VALRICO FL 33594

<b>TITLE</b>	<b>PCD</b> <input type="checkbox"/> Delete
<b>NAME</b>	KANE EDWARD J
<b>STREET ADDRESS</b>	13931 GERANIUM PLACE
<b>CITY-ST-ZIP</b>	WEST PALM BEACH FL

<b>TITLE</b>	<b>PCD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	KANE EDWARD J
<b>STREET ADDRESS</b>	14541 DRAFT HORSE LANE
<b>CITY-ST-ZIP</b>	WEST PALM BEACH FL 33414

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

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

**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 EDWARD J. KANE****PCD 01/10/2000**