

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90091 023 \*\*\*150.00

**DOCUMENT # P95000000234**

1. Entity Name

**POLYWORLD, INC.**

Principal Place of Business

Mailing Address

ALT. HWY. 19 SOUTH  
 HARBOR FL 34683

178 ALT. HWY. 19 SOUTH  
 PALM HARBOR FL 34683  
 US

**LUU34940**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**12395 Belcher Road**

3. Mailing Address

**12395 Belcher Road**

Suite, Apt. #, etc.

**Suite 340**

Suite, Apt. #, etc.

**Suite 340**

City & State

**Largo, FL**

City & State

**Largo, FL**

Zip

**33773**

Country

**US**

Zip

**33773**

Country

**US**

4. FEI Number

**59-3283503**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOOVER, ROGER A**  
**178 ALT. HWY. 19 SOUTH**  
**PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name

**Hoover, Roger A.**

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

**12395 Belcher Road - Suite 340**

City

**Largo**

FL

Zip Code

**33773**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	HOOVER, ROGER	
STREET ADDRESS	178 ALT. HWY. 19 SOUTH	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOOVER, GREG	
STREET ADDRESS	178 ALT. HWY. 19 SOUTH	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoover, Roger	
STREET ADDRESS	12395 Belcher Road - Suite 340	
CITY-ST-ZIP	Largo, FL 33773	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoover, Greg	
STREET ADDRESS	12395 Belcher Road - Suite 340	
CITY-ST-ZIP	Largo, FL 33773	
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
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

**ROGER A HOOVER**

**2/15/2000 727-771-7400**

Date

Daytime Phone #

CR2E034 (9/99)