

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024513

1. Entity Name
POLYMEDIA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -1 AM 11:02

Principal Place of Business

2221 FORSYTH RD
UNIT A
ORLANDO FL 32807
US

Mailing Address

2221 FORSYTH RD
UNIT A
ORLANDO FL 32807
US

2. Principal Place of Business

10612 HOLLY CREST DR
Suite, Apt. #, etc.

3. Mailing Address

10612 HOLLY CREST DR
Suite, Apt. #, etc.



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

01

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3319563

Applied For

Not Applicable

Zip

32836

Country

USA

Zip

32836

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENGELKE, BRYAN L
2221 FORSYTH RD
UNIT A
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name ENGELKE, BRYAN L.
Street Address (P.O. Box Number is Not Acceptable)
10612 HOLLY CREST DR
City ORLANDO FL Zip Code 32836

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 BRYAN L. ENGELKE, VP

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

(NOTE: Registered Agent signature required when reinstating)

9/26/2001
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P ENGELKE, DAVID H 661 ST JOHNS CT WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENGELKE, BRYAN L 5005 MAUI CIRCLE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10612 HOLLY CREST DR ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10612 HOLLY CREST DR ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500004627425--9 -10/08/01--01080--005 *****750.00 *****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: BRYAN L. ENGELKE 9/26/2001 407-876-1475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)