

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049327

1. Entity Name

POLI-SCI CONSULTING, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90055 035 ***158.75

Principal Place of Business

Mailing Address

~~125 NORTH AIRPORT ROAD, STE. 202~~
~~NAPLES FL 34104-3500~~
US

~~125 N. AIRPORT ROAD~~
~~SUITE 202~~
~~NAPLES FL 34104-3500~~
US

2. Principal Place of Business

3. Mailing Address

1258 CUNNINGHAM CREEK DR.
Suite, Apt. #, etc.

1258 CUNNINGHAM CREEK DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

65-0597457

Applied For

Not Applicable

Zip

Country

32259-8965 U.S.

Zip

Country

32259-8965 U.S.

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

COLEMAN, J. MICHAEL
3174 E TAMiami TRAIL
NAPLES FL 33962-5793

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, 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

TITLE PS ☐ Delete

NAME LAYMON, RICHARD
STREET ADDRESS 120 CYPRESS POINT DRIVE
CITY-ST-ZIP NAPLES FL

TITLE VPT ☐ Delete

NAME LAYMON, SANDRA
STREET ADDRESS 120 CYPRESS POINT DRIVE
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Add

NAME
STREET ADDRESS 1258 CUNNINGHAM CREEK DR.
CITY-ST-ZIP JACKSONVILLE, FL 32259-8965

TITLE ☒ Change ☐ Add

NAME
STREET ADDRESS 1258 CUNNINGHAM CREEK DR.
CITY-ST-ZIP JACKSONVILLE, FL 32259-8965

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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] R.S. LAYMON, PRESIDENT 1/7/00 (904) 230-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #