

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071221

1. Entity Name

POLK MODERN SUPPLY, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90092 001 \*\*\*150.00

Principal Place of Business

Mailing Address

1937 BARTON PARK RD  
SUITE 3701  
AUBURNDALE FL 33823  
US

1937 BARTON PARK RD  
SUITE 3701  
AUBURNDALE FL 33823-3935  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3346118**

Applied For

Not Applicable

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

MORTON, MARK  
7012 BEVERLY RD  
LAKELAND FL 33813

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MORTON, MARK</b>	
STREET ADDRESS	<b>1315 CINNAMON WAY</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MORTON, CORINNE</b>	
STREET ADDRESS	<b>542 DUCHESS CT</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DURDEN, JIMMY</b>	
STREET ADDRESS	<b>4020 OLD LAKE ALFRED RD</b>	
CITY-ST-ZIP	<b>LAKE ALFRED FL 33850</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KOFFLER, JEANNE M</b>	
STREET ADDRESS	<b>2028 HIGH GLEN CT SO</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
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"/> 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		
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:

*JEANNE M. KOFFLER* **JEANNE M. KOFFLER**

4-12-2000

863-551-1513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)