

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094052

1. Entity Name

POLYMER CONCEPTS, INCORPORATED

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90370 001 \*\*\*150.00

Principal Place of Business	Mailing Address
911 COMMERCE BLVD NORTH SARASOTA FL 34243 US	911 COMMERCE BLVD NORTH SARASOTA FL 34243-5043 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0633994	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MANSFIELD, H. DOUG 911 COMMERCE BLVD NORTH SARASOTA FL 34243

7. Name and Address of New Registered Agent
Name Lee Anne Mansfield
Street Address (P.O. Box Number is Not Acceptable)
Same
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 H. Doug Mansfield	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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	D
NAME	MANSFIELD, H. DOUG
STREET ADDRESS	911 COMMERCE BLVD NORTH
CITY-ST-ZIP	SARASOTA FL 34243
TITLE	MANSFIELD, LEE ANNE
NAME	911 Commerce Blvd. N.
STREET ADDRESS	Sarasota, FL 34243
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Change
NAME	Lee Anne Mansfield
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change
NAME	LEE ANNE MANSFIELD
STREET ADDRESS	911 COMMERCE BLVD. N.
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	Change
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change
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: Lee Anne Mansfield DATE: 5/1/2000 941-358-9022

CR2E034 (9/99)