

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90115 017 ***158.75

UBR/941 AI

DOCUMENT # P96000100212

1. Entity Name
POLARIS NETWORK SOLUTIONS, INCORPORATED

Principal Place of Business 3212 W. FAIR OAKS AVE. TAMPA FL 33611	Mailing Address P.O. BOX 13738 TAMPA FL 33681-3738 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3417846

Applied For
 Not Applicable

Zip Country Zip Country

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

~~FLORIDA INCORPORATORS, INC.~~
**1221 BRICKELL AVENUE
 SUITE 000
 MIAMI FL 33131**

Name
SIDNEY G. MILES
 Street Address (P.O. Box Number is Not Acceptable)
3212 W. FAIR OAKS AVE
 City
TAMPA FL Zip Code 33611

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: *Sidney G. Miles* **SIDNEY G. MILES, PRESIDENT** **4-28-2002**
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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	MILES, SIDNEY G		
STREET ADDRESS	3212 W. FAIR OAKS AVE.		
CITY-ST-ZIP	TAMPA FL 33611		
TD	BEVERLY, MILES A		
STREET ADDRESS	3212 W. FAIR OAKS AVE		
CITY-ST-ZIP	TAMPA FL 33611		

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: *Sidney G. Miles* **4-28-2002** **813-928-4252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)