

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100219

1. Entity Name

POLYTANK, INC.

Principal Place of Business

8525 MALBRY ROAD
JACKSONVILLE FL 32220

Mailing Address

8003 WESTSIDE INDUSTRIAL DRIVE
JACKSONVILLE FL 32219

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

59-3416188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAX CO.
%MAHONEY ADAMS & CRISER, P.A.
50 N. LAURA ST., 3300 BARNETT CENTER
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

RAX CO.
C/O MCGUIRE, WOODS, BATTLE & BOOTHE
Street Address (P.O. Box Number is Not Acceptable)
50 NORTH LAURA STREET, SUITE 3300
BARNETT CENTER
City
JACKSONVILLE FL Zip Code
32202

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, 2001 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	<input type="checkbox"/> Delete
NAME	CORBERA, BERNARDO	
STREET ADDRESS	8003 WESTSIDE INDUSTRIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32219-3238	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARREBOLA, PEDRO	
STREET ADDRESS	8003 WESTSIDE INDUSTRIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32219-3238	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILA, JOAN P.	
STREET ADDRESS	CARRILS AMETLERS NO. 6, 08213 POLINYA	
CITY-ST-ZIP	BARCELONA, SPAIN	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 errors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER ON DIRECTOR

03/15/01 904 378 0999
Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-26-2001 90497 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)