

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
 03-05-2002 90048 006 ***150.00

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

7. Name and Address of New Registered Agent

**RAX CO.
 C/O MCQUIRE, WOODS, BATTLE & BOOTHE
 50 N. LAURA ST., 3300 BARNETT CENTER
 JACKSONVILLE FL 32202**

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORBERA, BERNARDO	
STREET ADDRESS	8003 WESTSIDE INDUSTRIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32219-3238	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARREBOLA, PEDRO	
STREET ADDRESS	8003 WESTSIDE INDUSTRIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32219-3238	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VILA, JOAN P	
STREET ADDRESS	CARRER DELS 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		

TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLANES, JUAN	
STREET ADDRESS	2003 Westside Industrial Dr.	
CITY-ST-ZIP	Jacksonville FL 32219-3238	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Llastarri, Antonio	
STREET ADDRESS	8003 Westside Industrial Dr.	
CITY-ST-ZIP	Jacksonville FL 32219-3238	
TITLE	Treasurer/secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABRE, Enric	
STREET ADDRESS	2003 Westside Industrial Dr.	
CITY-ST-ZIP	Jacksonville FL 32219-3238	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENRIC CABRE
 OFFICER

2/18/02

Date

(904) 378 0999

Daytime Phone #

CR2E034 (9/01)