

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90128 033 ***150.00

DOCUMENT # P97000054188

1. Entity Name
POLK FINANCIAL GROUP, INC.

Principal Place of Business Mailing Address
1401 UNIVERSITY DR #607 **10539 NW 10TH ST**
CORAL SPRGS FL 33071 **PLANTATION FL 33328-7122**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1200 S. PINE ISLAND ROAD **2703 E. ABIACA CIRCLE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 300

City & State City & State
PLANTATION, FL. **DAVIE, FL.**

Zip Country Zip Country
33324 **USA** **33328** **USA**

4. FEI Number Applied For
65-0760713 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
POLK, GARY R
10539 NW 10TH ST
PLANTATION FL 33322

7. Name and Address of New Registered Agent
 Name: **POLK GARY R.**
 Street Address (P.O. Box Number is Not Acceptable): **2703 E. ABIACA CIRCLE**
 City: **DAVIE** State: **FL** Zip Code: **33328**

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: *Gary R. Polk* DATE: 4/29/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete POLK, GARY R 10539 NW 10TH ST PLANTATION FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition POLK, GARY R. 2703 E. ABIACA CIRCLE DAVIE, FL. 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *GARY R. POLK* DATE: 4/29/2000 DAYTIME PHONE #: (954) 473-8850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)