2001 UNIFORM BUSINESS REPORT (UBR) FILED

DOCUMENT # P9700054188

1. Entity Name

POLK FINANCIAL GROUP, INC.

Principal Place of Business 1200 S. PINE ISLAND RD STE 300

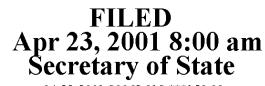
PLANTATION FL 33324

Mailing Address

2703 E. ABIACA CIR DAVIE FL 33328

DAVIE FL 3:

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



04-23-2001 90062 019 ***150.00



DO NOT WRITE IN THIS SPACE

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City & State		City & State		4. 8	El Number 65-0760713		pplied For ot Applicable			
Zip	Country	Zip Country		.	5 (Certificate of Status Desired	\$	8.75 Add		
			ļ	5. Certificate of Status Desired Fee Required						
6. Name and Address of Current Registered Agent				7. N	lame and Address of New Regis	stered A	gent			
POLK, GARY R			└	Name						
2703 E. ABIACA CIR			S	Street Address (P.O. Box Number is Not Acceptable)						
DAVI	E FL 33328									
			C	City			FL	Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its	registered o	ffice or registe	red ag	ent, or both, in the State of Florida	Ι,			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Age	ent signature required	d when re	instating)	DATE			
O This same		EII E NOW	III EEE IC	£150.00						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! I			Fee will be \$550.00		10. Election Campaign Financi			May Be		
_	ria on back)	Make Check Payat			te	Trust Fund Contribution.		Added	to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFFICE	RS AND D	DIRECTOR	S IN 11	
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NAME	POLK, GARY R		NAME							
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	ertify that the information supplied with t	his filing does not qualify for			aslau 4	40.07(0)(i) Florido Octobre 17. 1		all and all and		

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 attacting ent with an address, with all other like empowered.

SIGNATURE:

ATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4 16 2001 (954) 473-8850