FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90140 027 ***158.75

DOCUMENT # P97000060699

1. Entity Name

Polaris Powersports of the Nature Coast, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
7763 W. Gulf to Lake Hwy Suite, Apt. #, etc.	7763 W Gulf to Lake Hwy Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State: Crystal River FL	City & State: Crystal River FL	4. FEI Number: 59-3464254 ☐ Applied For ☐ Not Applicable
Zip: 34429 Country	Zip: 34429 Country	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lars Eric Langlo

Street Address (P.O. Box Number is Not Acceptable): 7763 W. Gulf to Lake Hwy

City: Crystal River FL Zip Code: 34429

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 _____ DATE
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	LANGLO, LARS ERIC
STREET ADDRESS	1190 W. Stafford St.
CITY-ST-ZIP	HERNANDO, FL. 34442
TITLE	VP
NAME	LANGLO, LARS Herbert
STREET ADDRESS	11649 W. Clubview DR.
CITY-ST-ZIP	HOMOSASSA, FL. 34448
TITLE	ST
NAME	LANGLO, MARION L.
STREET ADDRESS	11649 W. Clubview DR.
CITY-ST-ZIP	Homosassa, FL. 34448
TITLE	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marion Langlo 4-22-02 352-795-4546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #