

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007843

1. Entity Name

POLYLOC, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90090 009 \*\*\*150.00

Principal Place of Business

Mailing Address

178 ALT HWY. 19 SOUTH  
PALM HARBOR FL 34683

178 ALT HWY. 19 SOUTH  
PALM HARBOR FL 34683

2. Principal Place of Business

12395 Belcher Road

3. Mailing Address

12395 Belcher Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 330

Suite 330

City & State

City & State

Largo, FL

Largo, FL

Zip

Country

Zip

Country

33773 US

33773 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3501047

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

HOOVER, ROGER A  
178 ALT HWY. 19 SOUTH  
PALM HARBOR FL 34683

Name

Hoover, Roger A.

Street Address (P.O. Box Number is Not Acceptable)

12395 Belcher Road - Suite 330

City

Largo

FL

Zip Code

33773

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HOOVER, ROGER A  
CITY-ST-ZIP 178 ALT HWY. 19 SOUTH  
PALM HARBOR FL 34683

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Hoover, Roger A  
CITY-ST-ZIP 12395 Belcher Road - Suite 330  
Largo, FL 33773

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROWE, DAVID  
CITY-ST-ZIP 11904 APPALOOSA RUN E  
RALEIGH NC 27613

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HOOVER, GREGORY A  
CITY-ST-ZIP 178 ALT HWY. 19 SOUTH  
PALM HARBOR FL 34683

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Hoover, Gregory A  
CITY-ST-ZIP 12395 Belcher Road - Suite 330  
Largo, FL 33773

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROWE, E. RILEY  
CITY-ST-ZIP 519 WHITE OAK CIRCLE  
HARTSVILLE SC 29550

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

ROGER A. HOOVER

2/15/2000 727-771-7400

CR2E034 (9/99)