## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 11, 2001 08:00 AM P98000007843 DOCUMENT# 1. Entity Name **Secretary of State** POLYLOC, INC. Principal Place of Business Mailing Address 12395 BELCHER RD 12395 BELCHER RD SUITE 330 SUITE 330 LARGO FL LARGO FL 33773 33773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3501047 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOOVER ROGER 12395 BELCHER RD Street Address (P.O. Box Number is Not Acceptable) SUITE 330 LARGO FL33773 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. 04/11/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ROWE MAME E. RILEY NAME 519 WHITE OAK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HARTSVILLE SC 29550 CITY-ST-ZIP D ☐ Delete TITLE ☐ Change NAME HOOVER GREGORY NAME STREET ADDRESS 12395 BELCHER RD STE 330 STREET ADDRESS CITY-ST-ZIP LARGO FL 33773 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition ROWE DAVID NAME STREET ADDRESS 11904 APPALOOSA RUN E STREET ADDRESS CITY-ST-ZIP RALEIGH NC 27613 CITY-ST-ZIP ☐ Delete Сhапде TITLE Addition HOOVER ROGER NAME STREET ADDRESS 12395 BELCHER RD STE 330 STREET ADDRESS CITY-ST-ZIP LARGO 33773 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Roger A. Hoover SIGNATURE: \_ 04/11/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)