

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014029

1. Entity Name

POLEKAT UNLIMITED, INC.

R

Principal Place of Business

6223 HWY 90  
MILTON FL 32570

Mailing Address

6223 HWY 90  
MILTON FL 32570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3496901

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

POLLARD, PAMELA J  
1150 PEARSON ROAD  
MILTON FL 32583

Name

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

City

FL

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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 VTSD ☐ Delete  
NAME POLLARD, JEFFREY T  
STREET ADDRESS 1150 PEARSON ROAD  
CITY-ST-ZIP MILTON FL 32583

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

TITLE PD ☐ Delete  
NAME POLLARD, PAMELA J  
STREET ADDRESS 1150 PEARSON ROAD  
CITY-ST-ZIP MILTON FL 32583

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  
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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

7/7/00

Date

850-623-8353

Daytime Phone #

CF 11-2 (1-99)



**MAIL BOXES ETC.®**

Attachment  
btt 82800014029  
pw 69811

To Whom It May Concern:

Please except this check for payment. Being a fairly new corporation I have not yet gotten used to all the fillings that are required, so when I did not receive a notice in the beginning of this year I did not even know that I should have. The second notice actually was the first I had seen of this filing. When I called to find out what it actually was I spoke with a very helpful gentlemen named Gary. He suggested I send this letter of explanation with this delayed payment.

If you have any questions please feel free to contact me.

Phone: 850-623-8353

Fax: 850-623-6150

Thank you for your time,

Pam Pollard

MAKING BUSINESS EASIER WORLDWIDE THROUGH OUR SERVICE AND DISTRIBUTION NETWORK, DELIVERING  
PERSONALIZED AND CONVENIENT BUSINESS SOLUTIONS WITH WORLD-CLASS CUSTOMER SERVICE

**Wal-mart Shopping Plaza, 6223 Hwy 90, Milton Florida 32570**

**PH (850) 623-8353 FAX (850) 623-6150**

AN INDEPENDENTLY OWNED AND OPERATED FRANCHISE