

# 2001 UNIFORM BUSINESS REPORT (UBR)

06-06-2001 90003 033 \*\*\*150.00

P98000028212

**FILED**

01 JUN 11 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
UUUJ 600

**DOCUMENT # P98000028212**

1. Entity Name  
**POLYGRAPHEX MIDWEST, INC.**

Principal Place of Business  
4611 W. 136TH ST.  
CRESTWOOD IL 60446

Mailing Address  
1121 69TH ST NO.  
LARGO FL 33773

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 **59-3510339**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Dennis L. Peskin  
222 Dogwood Trace  
-Tarpon Springs, Fl, 34689

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]*  
Signature typed or printed name of registered agent and title if applicable.

(NO Registered Agent signature required when reinstating)

DATE

5/30/01

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, 2001 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 2001

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PTDC	PESKIN, DENNIS	222 DOGWOOD TRACE	TARPOON SPRINGS FL 34689	<input type="checkbox"/>
VP	PAMULA RICHARDS	222 DOGWOOD TRACE	TARPOON SPRINGS FL 34689	<input checked="" type="checkbox"/>
	JOE LITTLE	222 DOGWOOD TRACE	TARPOON SPRINGS FL 34689	<input checked="" type="checkbox"/>
	Regina Peskin	222 DOGWOOD TRACE	Tarpon Springs FL 34689	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30/01

CR2E034 (10/00)