2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000068069

Entity Name: POLK NET, INC

City-St-Zip:

LAKELAND, FL 33801

FILED Mar 18, 2002 8:00 AM Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
500 SO. FLORIDA AVE.,STE.619 LAKELAND, FL 33801				500 SO. FLORIDA AVE. SUITE 619 LAKELAND, FL 33801		
Current Mailing Address:				New Mailing Address:		
500 SO. FLORIDA AVE.,STE.619 LAKELAND, FL 33801				500 SO. FLORIDA AVE SUITE 619 LAKELAND, FL 33801		
FEI Number: 59-3525785 FEI Number Applied For ()			FEI Num	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
OSTROFSKY, BRIAN 500 SO. FLORIDA AVE.,STE.619 LAKELAND, FL 33801				OSTROFSKY, BRIAN 500 SO. FLORIDA AVE. SUITE 619 LAKELAND, FL 33801		
	named entity e of Florida.	submits this statement for the	purpose of	changing its registered	d office or registered agent, or both,	
SIGNATURE:				03/18/2002		
Electronic Signature of Registered Agent				Date		
		o satisfy its Intangible Tax filing re g Trust Fund Contribution().	quirement ar	nd elects to do so (X).		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	OSTROFSKY,	IDA AVE.,STE.619		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HALL, BRIAN 500 S FLORID LAKELAND, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (HALL, MICHAE			Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BRIAN OSTROFSKY D 03/18/2002