

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90137 007 ***150.00

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1. Entity Name
POLYMER FABRICATION, INC.



Principal Place of Business
**480 FENTRESS BLVD
STE O
DAYTONA BEACH FL 32114**

Mailing Address
**PO BOX 9924
DAYTONA BEACH FL 32120**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DANIELS, DOUGLAS A
523 NORTH HALIFAX AVENUE
DAYTONA BEACH FL 32118**

4. FEI Number **59-3537994**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOEBEL, JUAN A	
STREET ADDRESS	116 PAUMA VALLEY COURT	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LOEBEL, MARIA E	
STREET ADDRESS	116 PAUMA VALLEY COURT	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 Silver Lake Way	
STREET ADDRESS	Ormond Beach FL 32174	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 Silver Lake Way	
STREET ADDRESS	Ormond Beach FL 32174	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SELOEBEL REQUIRED** **E. Loebel** **1-13-03** **386-248-3214**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #