

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009742

1. Entity Name

POLARIS INTERNATIONAL PLASTICS, INC.

Principal Place of Business

12726 WINDERMERE ISLES PLACE
WINDERMERE FL 34786

Mailing Address

12726 WINDERMERE ISLES PLACE
WINDERMERE FL 34786

2. Principal Place of Business

2080 Broad Street

3. Mailing Address

Same as POB

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

4. FEI Number

59 3579001

Applied For

Not Applicable

Zip

34609

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, OMETRIAS D
1221 W COLONIAL DR STE 102
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name Barry L. Williams

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

12726 Windermere Isles Pl

City

Windermere

FL

Zip Code

34786

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.

Barry L. Williams

(NOTE: Registered Agent signature required when reinstating)

3/15/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PT
NAME HAMPTON, WILLIAM
STREET ADDRESS 12726 WINDERMERE ISLES PLACE
CITY-ST-ZIP WINDERMERE FL 34786

☐ Delete

TITLE VPS
NAME WILLIAMS, BARRY L
STREET ADDRESS 12726 WINDERMERE ISLES PLACE
CITY-ST-ZIP WINDERMERE FL 34786

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 or 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

3/15/00

DATE

407 969-1691

Daytime Phone #

CR2E034 (9/99)