

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013912

1. Entity Name

POLYTEK N.A., INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90207 005 \*\*\*150.00

Principal Place of Business

Mailing Address

23335 LOWE DAVIS ROAD  
 COVINGTON LA 70435

23335 LOWE DAVIS ROAD  
 COVINGTON LA 70435-6511

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

N/A

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

~~JONES, HENRY T~~ SEAN O'CONNELL #  
 830 MEADOWLAND DRIVE 110 DANLEY DR. UNIT 1  
 UNIT H FORT MYERS, FL 33907  
 NAPLES FL 34108

Name SEAN O'CONNELL  
 Street Address (P.O. Box Number is Not Acceptable) 110 DANLEY DRIVE, UNIT #1  
 City FT. MYERS, FL. FL Zip Code 33907

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 SEE ENCLOSED DOC.

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 \$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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Delete  
 NAME ROY S. WEITKAMP  
 STREET ADDRESS 23335 LOWE DAVIS ROAD  
 CITY-ST-ZIP COVINGTON, LA. 70435

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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

Date

Daytime Phone #

4/22/00 504-893-9885

CP2E034 (9/99)