

2000 UNIFORM BUSINESS REPORT (UBR)

4/1:

FILED
May 09, 2000 8:00 am
Secretary of State

04-12-2000 90047 016 ***150.00

DOCUMENT # P99000025641

1. Entity Name

POLYJIM ENTERPRISES, INC.

Principal Place of Business

547 EAGLE POINTS
 KISSIMMEE FL 34746

Mailing Address

547 EAGLE POINTS
 KISSIMMEE FL 34746-6031

2. Principal Place of Business

3705 W Baker St

Suite, Apt. #, etc.

3. Mailing Address

3705 W Baker St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plant City, Fl.

City & State

Plant City, Fl.

4. FEI Number

593568043

Applied For

Not Applicable

Zip

33567

Country

Zip

33567

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AVONCE, APOLINAR
 547 EAGLE POINTS
 KISSIMMEE FL 34746

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	AVONCE, APOLINAR	
STREET ADDRESS	547 EAGLE POINTS	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PIZARRO, JIMMY	
STREET ADDRESS	547 EAGLE POINTS	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4/6/00 (407) 908-9734

Date

Daytime Phone #

CR2034 (9/99)