

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93645 044 \*\*\*558.75

**DOCUMENT # P99000050178**

1. Entity Name  
**POLIS CENTRAL FLORIDA, INC.**

Principal Place of Business Mailing Address  
**5502 ANDERSON RD TAMPA FL 33634**

2. Principal Place of Business **5401 W. SLIGH AVE.**  
 Suite, Apt. #, etc.

3. Mailing Address **5401 W. SLIGH AVE.**  
 Suite, Apt. #, etc.

City & State **TAMPA, FL** City & State **TAMPA, FL** 4. FEI Number **59-3584106** Applied For  
 Not Applicable

Zip **33634** Country **USA** Zip **33634** Country **USA** 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PLAZZA, MARIO**  
**5502 ANDERSON RD**  
**TAMPA FL 33634**

7. Name and Address of New Registered Agent  
 Name **C. RAYMOND CALLIARI**  
 Street Address (P.O. Box Number is Not Acceptable) **3923 W. ROBSON ST.**  
 City **TAMPA** FL Zip Code **33614**

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 *C. Raymond Calliari* **C. RAYMOND CALLIARI, Admin. Mgr.** **4/26/02**  
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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PLAZZA, MARIO</b><br><b>5502 ANDERSON RD</b><br><b>TAMPA FL 33634</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D/P</b><br><b>SALVATORE GENOVESE</b><br><b>5401 W. SLIGH AVE.</b><br><b>TAMPA, FL 33634</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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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: *Salvatore Genovese* **5-23-02** **813-888-5589**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)