2000 UNIFORM BUSINESS REPORT (UBR)



08-01-2000/9000310381** DOCUMENT # P9900058270 سفره 1. Entity Nama FILED POLAR EYES, INC. SEP 15 PM 4: 25 Principal Place of Business Mailing Address SECRETARY OF STATE 62 INDIAN TRACE, P.M.B. 231 62 INDIAN TRACE, P.M.B. 231 TALLAHASSEE FLORIDA WESTON FL 33326 WESTON FL 33326 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Ζp \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAYES, SCOTT J Street Address (P.O. Box Number is Not Acceptable) 62 INDIAN TRACE, P.M.B. 231 WESTON FL 33326 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, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinst FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete mn F . Change ☐ Addition TITI F n NAME NAME HAYES, SCOTT J 1571 ELM GROVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33327 ■ Addition Change Delete IME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete MLE Change Addition TITLE NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

10 whom it may concern: September 2, 2000. To whom it may concern: This letter is in Pespoise to the attached Correspondence doted august 4, 2000; Regarding the late to be processed. I spoke with a Representative from your Office and explained the Reasonity for your Accept! of my due in July account T explained that I never received a Renewal notice, which she followed. or me was sent sometime in January. I received the second notice only three weeks before it was submitted back to your office with my check for \$150.00. Die to the tack that I torned this corporation last year in June, I was under the impression that my general was also due in The o I have never been informed that corporation Renewalar rapa notices are sunt in Tiniary of every year and are due upon secreption I am asking you to please take into Consideration the Reasoning for my actions Begarding this matter and to pick extend me a one weiver of this late charge assessed