

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90163 030 \*\*\*158.75

**DOCUMENT # P99000081796**

1. Entity Name

**ADVANCED POLYMERS, INC.**

Principal Place of Business

Mailing Address

2252 TONIWOOD LANE  
 PALM HARBOR FL 34685

2252 TONIWOOD LANE  
 PALM HARBOR FL 34685-2225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2323 34<sup>th</sup> Way N

2323 34<sup>th</sup> Way N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo FL

City & State

Largo FL

4. FEI Number

59-3604388

Applied For

Not Applicable

Zip

33771

Country

US

Zip

33771

Country

US

5. Certificate of Status Desired  \*

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, ANDREW J  
 2252 TONIWOOD LANE  
 PALM HARBOR FL 34685

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

*Andrew Morris*

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: Andrew Morris  Delete  
 NAME: Andrew Morris  
 STREET ADDRESS: 2323 34<sup>th</sup> Way N  
 CITY-ST-ZIP: Largo FL 33771

TITLE: President  Change  Addition  
 NAME: Andrew Morris  
 STREET ADDRESS: 2323 34<sup>th</sup> Way N  
 CITY-ST-ZIP: Largo FL 33771

TITLE: Scott MORRIS  Delete  
 NAME: Scott MORRIS  
 STREET ADDRESS: 2323 34<sup>th</sup> Way N  
 CITY-ST-ZIP: Largo FL 33771

TITLE: VP/Tr.  Change  Addition  
 NAME: Scott Morris  
 STREET ADDRESS: 2323 34<sup>th</sup> Way N  
 CITY-ST-ZIP: Largo FL 33771

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

TITLE:  Delete  
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 STREET ADDRESS:  Delete  
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 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

*Andrew Morris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #