

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085058

1. Entity Name

POLYMER INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

1343 ALBERTA DRIVE
WINTER PARK FL 32789

PO BOX 500
WINTER PARK FL 32789

2. Principal Place of Business

813 ORIENTA AVENUE

Suite, Apt. #, etc.

3. Mailing Address

813 ORIENTA AVENUE

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

4. FEI Number

59-3599645

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKINNER, MICHAEL
1343 ALBERTA DRIVE
WINTER PARK FL 32789

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 type: Printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SKINNER, MICHAEL
1343 ALBERTA DRIVE
WINTER PARK FL 32789

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLER, RIKK
984 MAYFIELD AVENUE
WINTER PARK FL 32789

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HINDERLITER, KATIE
780 PINETREE
WINTER PARK FL 32789

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

Delete

TITLE
NAME
STREET ADDRESS
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-01
(407) 644-2764

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90047 004 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)