

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098211

1. Entity Name
USA POLYMERS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90044 009 ***150.00

Principal Place of Business
901 CHESTNUT STREET
SUITE B
CLEARWATER FL 33756

Mailing Address
901 CHESTNUT STREET
SUITE B
CLEARWATER FL 33756



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
901 CHESTNUT ST.
Suite, Apt. #, etc.
SUITE A
City & State
CLEARWATER FL

3. Mailing Address
901 CHESTNUT ST.
Suite, Apt. #, etc.
SUITE A
City & State
CLEARWATER FL

4. FEI Number 22-2131842
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Zip Country Zip Country
33756 USA 33756

6. Name and Address of Current Registered Agent
COUTURE, GERALD
901 CHESTNUT STREET
SUITE B
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
Name
COUTURE GERALD
Street Address (P.O. Box Number is Not Acceptable)
901 CHESTNUT ST.
SUITE A
City FL Zip Code
CLEARWATER FL 33756

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 KEVIN BRENNAN PRES. 3/31/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNIN, KEVIN		NAME	BRENNAN, KEVIN	
STREET ADDRESS	901 CHESTNUT ST B		STREET ADDRESS	901 CHESTNUT SUITE A	
CITY-ST-ZIP	CLEARWATER FL 33756		CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other information.

SIGNATURE: KEVIN BRENNAN 3/31/01 727-403-0296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)