

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90082 048 ***150.00

DOCUMENT # P99000108037

1. Entity Name
NANCY POLANSKY, INC.

Principal Place of Business 1468 N.W. 1126TH AVE. SUNRISE FL 33323	Mailing Address 1468 N.W. 1126TH AVE. SUNRISE FL 33323
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636103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1468 NW 126 Ave Suite, Apt. #, etc.	3. Mailing Address 1468 NW 126 Ave Suite, Apt. #, etc.
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City & State Sunrise FL	City & State Sunrise FL	4. FEI Number 65-0983767	Applied For <input type="checkbox"/> Not Applicable
Zip 33323	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POLANSKY, NANCY 1468 N.W. 1126TH AVE. SUNRISE FL 33323	7. Name and Address of New Registered Agent Name: POLANSKY, NANCY (Change of Address) Street Address (P.O. Box Number is Not Acceptable) 1468 NW 126 Ave City: Sunrise FL Zip Code: 33323
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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 _____ DATE _____
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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 Alter MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST POLANSKY, NANCY 1468 N.W. 1126TH AVE. SUNRISE FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Nancy Polansky NANCY POLANSKY 4/8/2000 954-845-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)