

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

Mailing Address

1468 N.W. 1126TH AVE.
SUNRISE FL 33323

1468 N.W. 1126TH AVE.
SUNRISE FL 33323

2. Principal Place of Business

3. Mailing Address

1468 NW 126 Ave

1468 NW 126 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Sunrise FL

4. FEI Number

65-0983767

Applied For

Not Applicable

Zip

Country

33323

Zip

Country

33323

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

POLANSKY, NANCY
1468 N.W. 1126TH AVE.
SUNRISE FL 33323

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

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
POLANSKY, NANCY
1468 N.W. 1126TH AVE.
SUNRISE FL 33323 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY POLANSKY

Date

4/8/2000 954-845-0090

Daytime Phone #

CR2E034 (9/99)