

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90070 050 ***150.00

DOCUMENT # S41268

1. Entity Name

POLLYANNA ENTERPRISES INC.

Principal Place of Business

**8615 TEMPLE PARK DR
TEMPLE TERRACE FL 32637
US**

Mailing Address

**PO BOX 291047
TEMPLE TERRACE FL 33687
US**

2. Principal Place of Business

705 CYPRESS PL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUN CITY CENTER FL

City & State

4. FEI Number

59-3039321

Applied For

Not Applicable

Zip

33573

Country

HILLSBOROUGH

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MILLER, JAMES A.

**8615 TEMPLE PARK DR
TAMPA FL 33637**

7. Name and Address of New Registered Agent

Name

JAMES A MILLER

Street Address (P.O. Box Number is Not Acceptable)

705 CYPRESS PL

City

SUN CITY CENTER

FL

Zip Code
33573

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, 2002 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

TITLE
NAME **PD** ☐ Delete
MILLER, JAMES A.
STREET ADDRESS **8615 TEMPLE TERRACE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33637**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **705 CYPRESS PL**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/2002 813-760-2330

Date

Daytime Phone #

CR2E034 (9/01)