

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90376 029 ***150.00

DOCUMENT # S41268

1. Entity Name
POLLYANNA ENTERPRISES INC.



Principal Place of Business
**705 CYPRESS PL
SUN CITY CENTER FL 33573
US**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1650 BLAIR CASTLE CIRCLE

☐ CHECK HERE IF MAKING CHANGES

City & State
RUSKIN FL 33570

City & State
RUSKIN FL 33570

4. FEI Number **59-3039321**

Applied For
Not Applicable

Zip
33570

Country
HILLSBOROUGH

Zip
33570

Country
HILLSBOROUGH

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

**MILLER, JAMES A.
705 CYPRESS PL
SUN CITY CENTER FL 33573**

Name

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

1650 BLAIR CASTLE CIRCLE

City

RUSKIN

FL

Zip Code
33570

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MILLER, JAMES A.
705 CYPRESS PL
SUN CITY CENTER FL 33573**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1650 BLAIR CASTLE CIRCLE
RUSKIN FL 33570**

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James A. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/03 813 641 2035

Date

Daytime Phone #

CR2E034 (10/02)