2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90016 049 ***150.00

DOCUMENT # 438401

1. Entity Name

GRECIAN POOL SERVICE, INC.

Principal Place of Business	Mailing Address
3125 TIGER CREEK FOREST LAKE WALES FL 33853	3125 TIGER CREEK FOREST LAKE WALES FL 33853-5523

600128802

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2100 EXECUTIVE DR.	P.O. Box 1887
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER HAVEN FL.	City & State: WINTER HAVEN, FL.
Zip: 33880 Country: Polk	Zip: 33880 Country: Polk

4. FEI Number 59-1492800 ☐ Applied For ☐ Not Applicable

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
WELLER, FRANKLIN 3125 TIGER CREEK FOREST LAKE WALES FL 33853	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Franklin Weller — 1-28-2000
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	P WELLER,FRANKLIN 3125 TIGER CREEK FOREST LAKEWALES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: FRANKLIN D. WELLER Franklin D. Weller — 1-28-2000 — 1-863-325-9123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #