

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90025 034 ***150.00

DOCUMENT # 648020

1. Entity Name
POOL CONTROL, INC.

Principal Place of Business Mailing Address

**4838 SE 112 ST. RD.
 BELLEVUE FL 34420** **4838 SE 112 ST. RD.
 BELLEVUE FL 34420**

2. Principal Place of Business 3. Mailing Address

4839 SE 112 St Rd. **4839 SE 112 St Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Belleview, Fl. **Belleview, Fl.**

Zip Zip Country Country

34420 **34420** **MARION** **MARION**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1955578** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADSERBALLE, KNUD E
4838 SE 112 ST. RD.
BELLEVUE FL 34420

7. Name and Address of New Registered Agent

Name: **Terry Miller**

Street Address (P.O. Box Number is Not Acceptable): **37039 Shalimar**

City: **Fruitland Park** State: **FL** Zip Code: **34731**

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: *Terry W. Miller* DATE: **4-4-01**

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	PD	<input type="checkbox"/> Delete
NAME	ADSERBALLE, KNUD E	
STREET ADDRESS	4838 SE 112 ST. RD.	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ADSERBALLE, JUDITH	
STREET ADDRESS	4838 SE 112 ST. RD.	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ADSERBALLE, KNUD E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADSERBALLE, KNUD E	
STREET ADDRESS	4839 SE 112 ST RD.	
CITY-ST-ZIP	Belleview, Fl. 34420	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADSERBALLE, JUDITH	
STREET ADDRESS	4839 SE 112 ST RD	
CITY-ST-ZIP	Belleview, Fl. 34420	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Miller	
STREET ADDRESS	37039 Shalimar Dr.	
CITY-ST-ZIP	Fruitland Park, 34731	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Terry W. Miller* DATE: **4-4-01** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)