

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90063 019 ***150.00

DOCUMENT # F36107

1. Entity Name
SUNSHINE POOL SERVICE OF TAMPA, INC.



Principal Place of Business
**12522 US HWY 301 N
P.O. BOX 1348
THONOTOSASSA FL 33592-8348**

Mailing Address
~~12522 US HWY 301 N~~ **12205 Kelly Ln**
~~P.O. BOX 1348~~
THONOTOSASSA FL 33592-8348
2751



2. Principal Place of Business

3. Mailing Address

12205 Kelly Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Thonotosassa FL

Zip

Country

Zip

Country

33592

USA

4. FEI Number **59-2116091**

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

**QUEDNAU, JOHN F
12205 KELLY LANE
THONOTOSASSA FL 33592**

Name

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

City

FL

Zip Code

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
STD	QUEDNAU, DEANETTA M	12205 KELLY LANE	THONOTOSASSA FL				
PD	QUEDNAU, JOHN F	12205 KELLY LANE	THONOTOSASSA FL				

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:

Signature of John F. Quednau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03
Date

(813) 986-1952
Daytime Phone #

CR2E034 (10/02)