

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L82934

1. Entity Name

AQUA DOC POOL CLINIC, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90004 022 ***150.00

Principal Place of Business

Mailing Address

~~RT 4 BOX 675 RICH BAY RD~~
HAVANA FL 32333
US

~~RT 4 BOX 675 RICH BAY RD~~
HAVANA FL 32333-9804
US

2. Principal Place of Business

1333 RICH BAY RD

3. Mailing Address

1333 RICH BAY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HAVANA FL

HAVANA FL

City & State

City & State

32333-9804

32333-9804

Zip

Country

Zip

Country

4. FEI Number

65-0199705

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

IZZO, JOHN P.
180 NORTH INDIANA AVENUE
ENGLEWOOD FL

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

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 ☐ Delete
NAME P
STREET ADDRESS BARTLOW, RICHARD
CITY-ST-ZIP ~~RT 4 BOX 675~~ 1333 RICH BAY RD
HAVANA FL 32333

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS JENNINGS, MARY
CITY-ST-ZIP ~~RT 4 BOX 675~~ 1333 RICH BAY RD
HAVANA FL 32333

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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:

Mary Jennings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-00

850-539-0888

CR2E034 (9/99)