

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90169 015 ***150.00

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DOCUMENT # P02000008004

1. Entity Name
SPECIALTY POOL SERVICES, INC.



Principal Place of Business
**40421 US HWY. 19 NORTH
TARPON SPRINGS FL 34689**

Mailing Address
**40421 US HWY. 19 NORTH
TARPON SPRINGS FL 34689**

2. Principal Place of Business
TARPON SPRINGS

3. Mailing Address
40421 U.S 19 N.

Suite, Apt. #, etc.

City & State
TARPON SPRINGS FLORIDA

Zip Country
34689 U.S.A.

4. FEI Number
59-2373779

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROGERS, EDWARD
40421 US HWY. 19 NORTH
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Edward O. Rogers* DATE: **4/29/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D ROGERS, EDWARD 40421 US HWY. 19 NORTH TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: *Edward O. Rogers* DATE: **4/29/03** 722/943-1741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)