

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P98000097191**

Entity Name

EM & M POOL AND SPA CARE, INC.**FILED****Sep 05, 2000 8:00 am**
Secretary of State

09-05-2000 90039 039 ***558.75

Principal Place of Business

58TH STREET #7A
FERNANDINA BEACH FL 32034

Mailing Address

528 58TH STREET #7A
FERNANDINA BEACH FL 32034**A0075012**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

528 S. 8th STREET

3. Mailing Address

528 S. 8th STREET

Suite, Apt. #, etc.

SUITE #7

Suite, Apt. #, etc.

SUITE #7

City & State

FERNANDINA BEACH, FL

City & State

FERNANDINA BEACH, FL

Zip

32034

Country

USA

Zip

32034

Country

USA

4. FEI Number

59-3541565

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

NESHEIM, MICHAEL E
2142 INVERNESS ROAD
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

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.

SIGNATURE

MICHAEL E NESHEIM PRESIDENT**8-23-00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
C EMILY J NESHEIM 2142 INVERNESS ROAD FERNANDINA BEACH, FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P MICHAEL E NESHEIM 2142 INVERNESS RD. FERNANDINA BEACH, FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P CHRISTOPHER J SMITH 653 MONUMENT RD #1404 JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:

MICHAEL E NESHEIM

Date

8-23-00 904277

Daytime Phone #

CR2E034 (5/00)