

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**  
 04-15-2002 90008 014 \*\*\*150.00

0043445 AV

**DOCUMENT # M66323**

1. Entity Name  
**PLEASURE TIME POOLS, INC.**

Principal Place of Business

5168 PIMICO DR.  
 TALLAHASSEE FL 32308  
*9750 CENTERVILLE RD.*  
*TALL. FL. 32309*

Mailing Address

5168 PIMICO DR.  
 TALLAHASSEE FL 32308  
*9750 CENTERVILLE RD.*  
*TALL. FL. 32309*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2875727**

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

**DOBBINS, DANIEL W.**  
**101 NORTH GADSDEN STREET**  
**TALLAHASSEE FL 32301**

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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DP**  
**DEVEER, JOSEPH B.L., JR.**  
**5168 PIMICO DR.**  
**TALLAHASSEE FL 32308-2400**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*President J. B. DeVeer Jr.*  
*Joseph B.L. DeVeer Jr.*  
*9750 CENTERVILLE ROAD*  
*TALL. FL. 32309*

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVS**  
**SHUMAN, MICHAEL JEFFREY**  
**903 BUENA VISTA DRIVE**  
**TALLAHASSEE FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
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**T**  
**SHUMAN, MICHAEL JEFFREY**  
**903 BUENA VISTA DRIVE**  
**TALLAHASSEE FL**

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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:** *Joseph B.L. DeVeer Jr.* **Joseph B.L. DeVeer Jr.**

**5-18-02**

**850-545-5556**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)