

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90304 021 \*\*\*150.00

**DOCUMENT # P98000097191**

1. Entity Name

EM & M POOL AND SPA CARE, INC.



Principal Place of Business

528 S 8TH STREET  
SUITE #7  
FERNANDINA BEACH FL 32034  
US

Mailing Address

528 S 8TH STREET  
SUITE #7  
FERNANDINA BEACH FL 32034  
US

2. Principal Place of Business

3431 SR 200

3. Mailing Address

3431 SR 200

Suite, Apt. #, etc.

#206

Suite, Apt. #, etc.

#206

City & State

YULEE, FL

City & State

YULEE, FL

Zip

32097

Country

USA

Zip

32097

Country

USA

☒ CHECK HERE IF MAKING CHANGES

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 MICHAEL E NESHEIM

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

301 CESSNA DR

City

YULEE

FL

Zip Code

32097

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

Signature, typed or printed name of registered agent and date 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

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | C                     | <input type="checkbox"/> Delete |
| NAME           | NESHEIM, EMILY J      |                                 |
| STREET ADDRESS | 301 CESSNA DR         |                                 |
| CITY-ST-ZIP    | YULEE FL 32097        |                                 |
| TITLE          | P                     | <input type="checkbox"/> Delete |
| NAME           | NESHEIM, MICHAEL E    |                                 |
| STREET ADDRESS | 301 CESSNA DR         |                                 |
| CITY-ST-ZIP    | YULEE FL 32097        |                                 |
| TITLE          | P                     | <input type="checkbox"/> Delete |
| NAME           | SMITH, CHRISTOPHER J  |                                 |
| STREET ADDRESS | 653 MONUMENT RD #1404 |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32225 |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          | P                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SMITH, CHRISTOPHER J       |  |
| STREET ADDRESS | 24017 CREEK PARK CR        |  |
| CITY-ST-ZIP    | FERNANDINA BEACH, FL 32034 |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

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 an other like empowered.

SIGNATURE:

*[Signature]* PRESIDENT

1/11/03

904-277-7858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E NESHEIM

Date

Daytime Phone #

CR2E034 (10/02)