I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

SIGNATURE: BARBARA ROBINSON

Electronic Signature of Signing Officer/Director Detail

# 2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53623

#### Entity Name: BARB'S POOL SERVICE, INCORPORATED

## **Current Principal Place of Business:**

1225 TAMIAMI TRAIL Β7 PORT CHARLOTTE, FL 33953

## **Current Mailing Address:**

P. O. BOX 380575 MURDOCK, FL 33938-0575 US

## FEI Number: 59-2768141

## Name and Address of Current Registered Agent:

ROBINSON, BARBARA AMRS. 17089 ORIENT AVE PORT CHARLOTTE, FL 33948 US Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	MRS.	Title	VP
Name	ROBINSON, BARBARA A	Name	ROBINSON, MICHAEL SR
Address	17089 ORIENT AVE	Address	17089 ORIENT AVENUE
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948

above, or on an attachment with all other like empowered. PRESIDENT

03/02/2022

FILED Mar 02, 2022 Secretary of State 2587933568CC

Date

Date