

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 355509

1. Entity Name

R.D. MARKERT POOLS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90116 044 ***150.00

Principal Place of Business

Mailing Address

2336 SEVEN SPRINGS BOULEVARD
NEW PORT RICHEY FL 34655

2336 SEVEN SPRINGS BOULEVARD
NEW PORT RICHEY FL 34655-3909

A0008157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1287290**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARKERT, FREDERICK J.
2123 STOCKMAN RD
NEW PORT RICHEY FL 34655

Name Chase, Matthew
Street Address (P.O. Box Number is Not Acceptable)
1322 Seagate Dr. #107
City Palm Harbor FL Zip Code 34685

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.

Matthew Chase - President

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/00

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, 2000 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 VTS ☐ Delete
NAME MARKERT, PAULA J
STREET ADDRESS 2123 STOCKMAN RD
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE Director ☒ Change ☐ Addition
NAME Markert Paula J
STREET ADDRESS 2123 Stockman Rd.
CITY-ST-ZIP New Port Richey, Fl.

TITLE D ☐ Delete
NAME MARKET, FREDERICK J
STREET ADDRESS 2123 STOCKMAN RD.
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME PAUL, JEFFREY S
STREET ADDRESS 7052 OVENBIRD RD
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE Vice President, Sec. & Treasurer ☒ Change ☐ Addition
NAME Paul, Jeffreys.
STREET ADDRESS 7052 Ovenbird Rd.
CITY-ST-ZIP Brooksville, Fl. 34613

TITLE V ☐ Delete
NAME CHASE, MATTHEW
STREET ADDRESS 7260 BORADMOOR DR #3
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE President ☒ Change ☐ Addition
NAME Chase Matthew
STREET ADDRESS 1322 Seagate Dr. #107
CITY-ST-ZIP Palm Harbor, Fl. 34685

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew Chase 1/13/00 (727) 376-7917

Date

Daytime Phone #

CR2E034 (9/99)