

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90032 045 ***150.00

DOCUMENT # 355509

1. Entity Name

R.D. MARKERT POOLS, INC.

Principal Place of Business

**2336 SEVEN SPRINGS BOULEVARD
 NEW PORT RICHEY FL 34655**

Mailing Address

**2336 SEVEN SPRINGS BOULEVARD
 NEW PORT RICHEY FL 34655**

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

59-1287290

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

~~MATTHEWS, CHASE~~ **CHASE, Matthew R.**
1322 SEAGATE DR #107 1591 Gulf Blvd. #301
PALM HARBOR FL 34685 Clearwater, FL 33767

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	D	<input checked="" type="checkbox"/> Delete
NAME	MARKERT, PAULA J	
STREET ADDRESS	2123 STOCKMAN RD	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKET, FREDERICK J	
STREET ADDRESS	2123 STOCKMAN RD. 3 Sequoia Indian Lakes	
CITY-ST-ZIP	NEW PORT RICHEY FL Lake Toxaway, N.C. 27447	
TITLE	VPT Sect.	<input type="checkbox"/> Delete
NAME	PAUL, JEFFREY S	
STREET ADDRESS	7052 OVENBIRD RD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHASE, MATTHEW	
STREET ADDRESS	1322 SEAGATE DR #107 1591 Gulf Blvd. #301	
CITY-ST-ZIP	PALM HARBOR FL 34685 Clearwater, FL 33767	
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"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/01

(727) 376-7917

CR2E034 (9/01)