


2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
 05-03-2000 90063 027 ***150.00

DOCUMENT # 506356
 1. Entity Name
GLENN'S POOL SERVICE, INC.

Principal Place of Business Mailing Address
 NW 190 STREET 1304 SW 160 AVE.
 FL 33169 SUITE 643
 FORT LAUDERDALE FL 33326-1902
 US

2. Principal Place of Business 3. Mailing Address
 20340 NE 15 CT Suite, Apt. #, etc.
 Suite, Apt. #, etc. PMB 643
 Bay 148 City & State
 City & State City & State
 N. Miami Beach, FL Zip Country
 Zip Country
 33179 US

725145

 DO NOT WRITE IN THIS SPACE
 4. FEI Number 59-1726868 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILSON, GLENN T. JR.
 896 SAVANNAH FALLS DR
 WESTON FL 33327

7. Name and Address of New Registered Agent
 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, 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	PD	TITLE	
NAME	WILSON, GLENN JR.	NAME	
STREET ADDRESS	896 SAVANNAH FALLS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	WILSON, JANICE H.	NAME	
STREET ADDRESS	896 SAVANNAH FALLS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Janice H Wilson 4/25/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)