

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 531182

1. Entity Name

Pools By Bill, Inc.



FILED

05 SEP 22 PM 2:02

SECRET
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4800 Manatee Ave. W.

Suite, Apt. #, etc.

3. Mailing Address

4800 Manatee Ave. W.

Suite, Apt. #, etc.

2005 ANNUAL REPORT

City & State

Bradenton, FL.

City & State

Bradenton FL.

4. FEI Number

59-1730203

Applied For

Not Applicable

Zip

34209

Country

Manatee

Zip

34209

Country

Manatee

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Belle, William E. SR.

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

1810 5th St. W.

City

Palmetto

FL

Zip Code

34221

DO NOT WRITE
IN THIS SPACE

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
Belle, William E. SR.
4800 Manatee Ave. W.
Bradenton, FL. 34209

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
Belle, William E. SR.
4800 Manatee Ave. W.
Bradenton, FL. 34209

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William E. Belle Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-05 941.746-1699

Date Daytime Phone #

CR2E034B (12/02)