

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 575457

1. Entity Name

SOUTHERN COMFORT POOLS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90397 027 ***150.00

Principal Place of Business

2123 PORTER LAKE DR.
 SARASOTA FL 34240
 US

Mailing Address

P O BOX 1224
 NOKOMIS FL 34274-1224
 US

2. Principal Place of Business

7261 BEERIDGE ROAD
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1224
 Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

NOKOMIS, FLORIDA

Zip

34241

Country

SARASOTA

Zip

34274-1224 SARASOTA

Country

SARASOTA

4. FEI Number

59-2768081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, MARY
 1602 STICKNEY POINT RD. #105
 SARASOTA FL 34231

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

TITLE	DO	<input type="checkbox"/> Delete
NAME	JOHNSON, MARTIN	
STREET ADDRESS	2123 PORTER LAKE DR.	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	DO	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY J.	
STREET ADDRESS	2123 PORTER LAKE DR.	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-19-00

941-376-7946