

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 575457

1. Entity Name

SOUTHERN COMFORT POOLS, INC.

Principal Place of Business

7261 BEE RIDGE RD
SARASOTA FL 34241
US

Mailing Address

P O BOX 1224
NOKOMIS FL 34274-1224
US

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 59-2768081

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 Mary Johnson
Street Address (P.O. Box Number is Not Acceptable) 3616 Shamrock Dr.
City Venice FL 34293

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, 2001 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
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	OWNER/PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN JOHNSON	
STREET ADDRESS	3616 Shamrock Dr	
CITY-ST-ZIP	Venice FL 34293	
TITLE	OWNER/Vice-Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY J. JOHNSON	
STREET ADDRESS	3616 Shamrock Dr.	
CITY-ST-ZIP	Venice, FL 34293	
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		
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 #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90003 037 ***150.00

001104



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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