

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 635053

1. Entity Name

GATOR POOLS & SPAS, INC.

FILED  
Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90081 043 \*\*\*150.00

0434193

Principal Place of Business

1325 TENN. AVENUE  
ST. CLOUD FL 34769

Mailing Address

1325 TENN. AVENUE  
ST. CLOUD FL 34769

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1325 Tennessee Avenue

3. Mailing Address

1325 Tennessee Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud, Fla

City & State

St. Cloud, FL

4. FEI Number

59-1936641

Applied For

Not Applicable

Zip

34769

Country

USA

Zip

34769

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, GREGORY  
3141 INDIANOLA RD.  
ST. CLOUD FL 34772

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

*Gregory A. Smith* - President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-12-01

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          | P                   | <input type="checkbox"/> Delete |
| NAME           | SMITH, GREGORY      |                                 |
| STREET ADDRESS | 3141 INDIANOLA RD   |                                 |
| CITY-ST-ZIP    | ST. CLOUD FL 34772  |                                 |
| TITLE          | ST                  | <input type="checkbox"/> Delete |
| NAME           | SMITH, AZALEA Y.    |                                 |
| STREET ADDRESS | 3141 INDIANOLA RD   |                                 |
| CITY-ST-ZIP    | ST. CLOUD FL 34772  |                                 |
| TITLE          | Vice-President      | <input type="checkbox"/> Delete |
| NAME           | Marshall A. Smith   |                                 |
| STREET ADDRESS | 3141 Indianola Rd.  |                                 |
| CITY-ST-ZIP    | St. Cloud, FL 34772 |                                 |
| 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          |  | <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    |  |                                                                   |
| 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:

*Azalea Y. Smith* - Azalea Y. Smith 1-12-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-892-9292

Daytime Phone #

CR2E034 (10/00)