

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 635053

1. Entity Name
GATOR POOLS & SPAS, INC.

Principal Place of Business

1325 TENN. AVENUE
ST. CLOUD FL 34769

Mailing Address

1325 TENN. AVENUE
ST. CLOUD FL 34769

2. Principal Place of Business

1325 Tennessee Ave.

3. Mailing Address

1325 Tennessee Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1936641

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME SMITH, GREGORY ☐ Delete
STREET ADDRESS 3141 INDIANOLA RD
CITY-ST-ZIP ST. CLOUD FL 34772TITLE ST
NAME SMITH, AZALEA Y. ☐ Delete
STREET ADDRESS 3141 INDIANOLA RD
CITY-ST-ZIP ST. CLOUD FL 34772TITLE VP
NAME SMITH, MARSHALL A ☒ Delete
STREET ADDRESS 3141 INDIANOLA RD
CITY-ST-ZIP SAINT CLOUD FL 34772TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Vice-President ☐ Change ☒ Addition
NAME Andrew J. Gordon
STREET ADDRESS 2418 Brookside Ave.
CITY-ST-ZIP Kissimmee, FL 34744TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

03-26-02 407-892-9292

Date

Daytime Phone #

CR2E034 (9/01)

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