

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State
 07-12-2001 90118 026 ***558.75

0136715 AT

DOCUMENT # F97000002990

1. Entity Name
LESLIE'S POOLMART, INC.

Principal Place of Business
20630 PLUMMER ST.
CHATSWORTH CA 91311

Mailing Address
20630 PLUMMER ST.
CHATSWORTH CA 91311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3925 E. Broadway Rd.
 Suite, Apt. #, etc.
#100

3. Mailing Address
3925 E. Broadway Rd.
 Suite, Apt. #, etc.
#100

City & State
Phoenix AZ

City & State
Phoenix AZ

4. FEI Number
95-4620298

Applied For
 Not Applicable

Zip
85040-2925

Country
USA

Zip
85040-2925

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOURTICO, MIKE 20630 PLUMMER ST. CHATSWORTH CA 91311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCDERMOTT, BRIAN P 20630 PLUMMER ST. CHATSWORTH CA 91311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVFB OLSEN, ROBERT D 20630 PLUMMER ST. CHATSWORTH CA 91311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWE, JAMES 20630 PLUMMER ST. CHATSWORTH CA 91311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FPIRTOCQ, MICHAEL J 20630 PLUMMER STREET CHATSWORTH CA 91311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNICK, GREGORY J 20630 PLUMMER STREET CHATSWORTH CA 91311	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3925 E. Broadway Rd #100 Phoenix AZ 85040-2925
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CEO/PRES Lawrence Hayward 3925 E. Broadway Rd #100 Phoenix AZ 85040-2925
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO/BUP DONALD ANDERSON 3925 E. Broadway Rd #100 Phoenix AZ 85040-2925
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3925 E. Broadway Rd #100 Phoenix AZ 85040-2925
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3925 E. Broadway Rd #100 Phoenix AZ 85040-2925

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/01 602-366-3913

Date Daytime Phone #

CR2E034 (5/01)