

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
 02-28-2002 90032 041 ***150.00

DOCUMENT # H13811

1. Entity Name
HOMETOWN POOL, INC.

Principal Place of Business **Mailing Address**
37008 PRICE DRIVE **37008 PRICE DRIVE**
ZEPHYRHILLS FL 33541 **ZEPHYRHILLS FL 33541**

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 **59-2502301** **Applied For**
Not Applicable

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

MCALVANA, THOMAS P.
~~**37818 HWY 54 W.**~~
ZEPHYRHILLS FL 33541

Name
Street Address (P.O. Box Number is Not Acceptable)
5739 GALL BLVD
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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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 **PD** ☐ **Delete**
NAME **MILLS, JOHN**
STREET ADDRESS **37008 PRICE DRIVE**
CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ **Delete**
NAME **MILLS, LINDA**
STREET ADDRESS **37008 PRICE DRIVE**
CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ **Delete**
NAME **MILLS, JAMIE**
STREET ADDRESS **11921 ORANGE STREET**
CITY-ST-ZIP **SAN ANTONIO FL 33576-8093**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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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]* **SIGNATURE REQUIRED** *John Mills* *14F920m* *813* *782-0580*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** **Date** **Daytime Phone #**

CR2E034 (9/01)