

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H17423

1. Entity Name

WETSET POOLS AND SPAS, INC.

Principal Place of Business

3640 NW 118 AVENUE
CORAL SPRINGS FL 33065

Mailing Address

3640 NW 118 AVENUE
CORAL SPRINGS FL 33065

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 59-2501862

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

CABLE, MICHAEL L.
4377 N.W. 62 AVENUE
CORAL SPRINGS FL 33067

Name

Cable, Dorothy Jo

Street Address (P.O. Box Number is Not Acceptable)

4377 N.W. 62 Av.

Coral Springs

City

FL

Zip Code

33067

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

Dorothy Jo Cable

3/27/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVT
NAME CABLE, MICHAEL L.
STREET ADDRESS 4377 N.W. 62 AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☒ Delete

TITLE PVT
NAME Cable, Dorothy Jo
STREET ADDRESS 4377 N.W. 62 Av.
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☒ Change ☐ Addition

TITLE S
NAME CABLE, DOROTHY JO
STREET ADDRESS 4377 N.W. 62 AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☒ Delete

TITLE S
NAME LOPEZ, CAROL
STREET ADDRESS 9755 Westview Dr. # 1214
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Dorothy Jo Cable

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

954-753-8235

Daytime Phone #

CR2E034 (10/00)

0131161

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90032 001 *****8.75

04-04-2001 90032 002 ***150.00



DO NOT WRITE IN THIS SPACE