

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J07123

1. Entity Name

POLAR BEAR POOLS, INC.

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

01-23-2001 90022 035 ***158.75

0612913

Principal Place of Business Mailing Address
532 CASCADE CIRCLE P.O. BOX 662
UNIT 100 FERN PARK FL 32730
CASSELBERRY FL 32707
US

LUUU7866



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-2660724 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LIPPOLDT, CHARLES L.
532 CASCADE CIRCLE, UNIT 100
APT. 913
CASSELBERRY FL 32707

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 PSD
NAME LIPPOLDT, CHARLES L.
STREET ADDRESS 532 CASCADE CIRCLE, UNIT 100
CITY-ST-ZIP CASSELBERRY FL
Delete ☐
Delete ☐
Delete ☐
Delete ☐
Delete ☐
Delete ☐
Delete ☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐
Change ☐ Addition ☐
Change ☐ Addition ☐
Change ☐ Addition ☐
Change ☐ Addition ☐
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: Charles L Lippoldt Charles L Lippoldt Jan 8, 2001 407-260-1889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)