

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J09141

1. Entity Name

GRZYBOWSKI COMMERCIAL POOL SERVICES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90058 038 ***150.00

Principal Place of Business

Mailing Address

817 N FEDERAL HIGHWAY
DELRAY BCH. FL 33483
US

817 N FEDERAL HIGHWAY
DELRAY BCH. FL 33483-5734
US

815313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2678991

Applied For

Not Applicable

Zip

Country

Zip

Country

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

UTRECHT, STEVEN, T, ESQ
~~4800 N FEDERAL HWY., SUITE 203-B~~
~~SUITE 440~~
BOCA RATON 33431

Name

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

2295 Corporate Blvd. #211
City Boca Raton FL Zip Code 33431

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, 2000 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
NAME GRZYBOWSKI, JOSEPH F.
STREET ADDRESS 5260 NW 55 BLVD #203
CITY-ST-ZIP COCONUT CREEK FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 959 Tropic Blvd.
CITY-ST-ZIP Delray Bch, FL 33483

TITLE SD
NAME GRZYBOWSKI, HELENE R.
STREET ADDRESS 5260 NW 55 BLVD #203
CITY-ST-ZIP COCONUT CREEK FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 959 Tropic Blvd.
CITY-ST-ZIP Delray Bch, FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ 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

Date

Daytime Phone #

2-21-00 501-278-1401

CR2E034 (9/99)