

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90216 030 ***150.00

DOCUMENT # J25729

1. Entity Name
TAMPA BAY POOL SERVICE, INC.



Principal Place of Business
5008 W LINEBAUGH AVE
#40
TAMPA FL 33625
US

Mailing Address
P.O. BOX 152472
TAMPA FL 33684



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2708571**

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

TEAR, W. GREGORY
8530 N NEWPORT AVE
TAMPA FL 33604

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing - ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TEAR, W. GREGORY**
STREET ADDRESS **8530 N NEWPORT AVE**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **Brooks, Kenneth D.**
STREET ADDRESS **8120A Oak Trace**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE **VP** ☒ Delete
NAME **FRYAR, DOUGLAS E**
STREET ADDRESS **29604 MORWEN PL**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Szaszk, Dennis W.**
STREET ADDRESS **6559 Spanish Moss Cr**
CITY-ST-ZIP **Tampa, FL 33625**

TITLE **T** ☐ Delete
NAME **CARDONA, JOHN D**
STREET ADDRESS **6801 CHIPPENDALE CT**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **S** ☒ Delete
NAME **HUMISTON, DAVID R**
STREET ADDRESS **6104 WEBB RD #300**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **S** ☒ Delete
NAME **HUMISTON, DAVID R**
STREET ADDRESS **6104 WEBB RD #300**
CITY-ST-ZIP **TAMPA FL 33615**

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CITY-ST-ZIP **TAMPA FL 33615**

12. 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 10 or Block 11 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

1/8/03

Date

813-961-2070

Daytime Phone #

CR2E034 (10/02)