

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **J25729**

1. Entity Name  
**TAMPA BAY POOL SERVICE, INC.**



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

01-10-2003 90216 030 \*\*\*150.00

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**

**Zip** **Country** **Zip** **Country**

**4. FEI Number** **59-2708571** **Applied For**  
**Not Applicable**

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

**CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current 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-Trust Fund Contribution.**  **Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b>	<b>V.P.</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>TEAR, W. GREGORY</b>		<b>NAME</b>	<b>Brooks, <i>Kerriann Kenneth D.</i></b>	
<b>STREET ADDRESS</b>	<b>8530 N NEWPORT AVE</b>		<b>STREET ADDRESS</b>	<b>8120A Oak Trace</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33604</b>		<b>CITY-ST-ZIP</b>	<b>Tampa, FL 33634</b>	
<b>TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> <b>Delete</b>	<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>FRYAR, DOUGLAS E</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>29604 MORWEN PL</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>WESLEY CHAPEL FL 33543</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b>	<b>Secretary</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>CARDONA, JOHN D</b>		<b>NAME</b>	<b>Stasuk, Dennis W.</b>	
<b>STREET ADDRESS</b>	<b>6801 CHIPPENDALE CT</b>		<b>STREET ADDRESS</b>	<b>6559 Spanish Moss-Cr</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33634</b>		<b>CITY-ST-ZIP</b>	<b>Tampa, FL 33625</b>	
<b>TITLE</b>	<b>S</b>	<input checked="" type="checkbox"/> <b>Delete</b>	<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>HUMISTON, DAVID R</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>6104 WEBB RD #300</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33615</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b><i>D. Stasuk, Inc. David</i></b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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*

*813.961-2070*

Date

Daytime Phone #

CR2E034 (10/02)