

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J26928

1. Entity Name

SMITH POOL SUPPLIES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90039 042 ***150.00

Principal Place of Business

% JOSEPH E. SMITH
6960 FORT KING ROAD
ZEPHYRHILLS FL 33541

Mailing Address

% JOSEPH E. SMITH
6960 FORT KING ROAD
ZEPHYRHILLS FL 33541-4223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2724519

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

SMITH, JOSEPH E.
5847-14TH ST.
ZEPHYRHILLS FL 33540

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

Joseph E. Smith

3/1/00

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	CEO	<input type="checkbox"/> Delete
NAME	SMITH, JOSEPH E.	
STREET ADDRESS	5847 14TH ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	WILCOX, GREGORY J.	
STREET ADDRESS	5925 12TH ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	FIFE, DANIEL J.	
STREET ADDRESS	5910 11TH STREET	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph E. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

Date

Daytime Phone #

CR2E034 (9/99)