

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90067 044 ***150.00

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 AV

DOCUMENT # J73660

1. Entity Name

MR. POOL OF HILLSBOROUGH, INC.

Principal Place of Business

**8190 US HWY 19 N
 PINALLAS PARK FL 33781
 US**

Mailing Address

**8190 US HWY 19 N
 PINALLAS PARK FL 33781
 US**

2. Principal Place of Business

911 SKIPPER ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip Country

33613 USA

4. FEI Number

59-2860772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CARR, JIM
 8190 U.S. 19
 PINELLAS PARK FL 34665**

7. Name and Address of New Registered Agent

Name **FRANCIS J. CORAGGIO**

Street Address (P.O. Box Number is Not Acceptable)
8190 US HWY 19 NORTH

City **PINELLAS PARK FL** Zip Code **33781**

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, printed name of registered agent and title if applicable.

FRANCIS J. CORAGGIO

(NOTE: Registered Agent signature required when reinstating)

4-3-02

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, 2002 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 **D** ☐ Delete
 NAME **CORRAGIO, FRACNIS J JR**
 STREET ADDRESS **8190 US 19 N.**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **D** ☐ Delete
 NAME **FOSTER, WILLIAM P**
 STREET ADDRESS **8190 US 19 N.**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **CORAGGIO, FRANCIS J.**
 STREET ADDRESS **8190 U.S. HWY 19 NORTH**
 CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **V** ☒ Change ☐ Addition
 NAME **WILLIAM P. FOSTER III**
 STREET ADDRESS **8190 US HWY 19 NORTH**
 CITY-ST-ZIP **PINELLAS PARK, FL 33781**

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

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

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

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

FRANCIS J. CORAGGIO

4-3-02

Date

727-546-6980

Daytime Phone #

CR2E034 (9/01)