

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K04736

1. Entity Name
CONDOR POOL, SPA & IRRIGATION, INC.

Principal Place of Business

921 SOUTH BROAD ST
BROOKSVILLE FL 34601

Mailing Address

921 SOUTH BROAD ST
BROOKSVILLE FL 34601

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 59-2873710

Applied For
Not Applicable

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

AMUNDSEN, HENRY D.
921 S BROAD ST
BROOKSVILLE FL 34601

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

(Not 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, 2001 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 | <input checked="" type="checkbox"/> Delete |
| NAME | AMUNDSEN, HENRY D. | |
| STREET ADDRESS | 921 S BROAD ST | |
| CITY-ST-ZIP | BROOKSVILLE FL | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | AMUNDSEN, SCOTT T | |
| STREET ADDRESS | 921 SOUTH BROAD ST | |
| CITY-ST-ZIP | BROOKSVILLE FL | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | AMUNDSEN, CAROLE L. | |
| STREET ADDRESS | 921 S BROAD ST | |
| CITY-ST-ZIP | BROOKSVILLE 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 | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AMUNDSEN, SCOTT T. | |
| STREET ADDRESS | 921 South Broad St | |
| CITY-ST-ZIP | Brooksville, FL | |
| TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Amundsen, Carole L. | |
| STREET ADDRESS | 921 S. Broad St | |
| CITY-ST-ZIP | Brooksville, FL 34601 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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: Carole L. Amundsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 30196-1111
Date Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90162 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)