

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K20888

1. Entity Name

BLUE MARLIN POOLS, INC.



Principal Place of Business
8128 RODEO DR
LAKE WORTH FL 33467
US

Mailing Address
PO BOX 3355
BOYNTON BEACH FL 33424
US

2. Principal Place of Business

3. Mailing Address

8128 Rodeo Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

Country

33467 USA

4. FEI Number

65-0045560

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

ADAMS, PAUL M
710 CLAREMORE DRIVE
WEST PALM BEACH FL 33401

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ADAMS, JOHN H. III
STREET ADDRESS 8128 RODEO DR
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME ADAMS, JOHN H. III
STREET ADDRESS 8128 RODEO DR
CITY-ST-ZIP LAKE WORTH FL 33467

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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

4/1/03 561-719-5800
Date Daytime Phone #

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90072 034 ***150.00



☐ CHECK HERE IF MAKING CHANGES

0696320 FP

CR2E034 (10/02)