

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K 30675**
 1. Entity Name **Pool King Maint + Repair, Inc.**

FILED
Apr 10, 2000 8:00 am
Secretary of State
 04-10-2000 90050 012 ***150.00

Principal Place of Business Mailing Address
6459 Blue Bay Cr.
Lake Worth, FL 33467

A0035489

DO NOT WRITE IN THIS SPACE

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 **65-0068408** Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
George Turey
6459 Blue Bay Cr.
Lake Worth, FL 33467

7. Name and Address of New Registered Agent
 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 _____ (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. ☐ **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
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRES/DIR: George Turey 6459 Blue Bay Cr Lake Worth, FL 33467
VP-DIR Adam Turey 6459 Blue Bay Cr Lake Worth, FL 33467
delete
Anthony Soldano 8396 Blue Cypress Dr Lake Worth, FL 33467
Rodger Lutz 800 NW 72 Terr. Sunrise, FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition

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: **George Turey** **8/31/00** **561 641-2471**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)