

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K46927

1. Entity Name  
SWIMMING POOL SPECIALISTS, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90014 040 \*\*\*550.00

Principal Place of Business

C/O O. C. BEAKES  
9445 CRAVEN ROAD  
JACKSONVILLE FL 32256

Mailing Address

C/O O. C. BEAKES  
9445 CRAVEN ROAD  
JACKSONVILLE FL 32256

2. Principal Place of Business

Swimming Pool Specialists 9449 Craven Road  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-2919840

Applied For

Not Applicable

Zip

32257

Country

US

Zip

32257

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DANIEL, THERESA  
11063 READING RD  
JACKSONVILLE FL 32257

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 DPT ☐ Delete

NAME VAUGHN, MARK  
STREET ADDRESS 11063 READING RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ Delete

NAME DANIEL, THERESA  
STREET ADDRESS 11063 READING RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ Delete

NAME VAUGHN, JEANNE  
STREET ADDRESS 11063 READING RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ASDA ☒ Delete

NAME BEAKES, O.C.  
STREET ADDRESS 836 RIVERSIDE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32204

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 ☐ 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

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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mark E. Vaughn

09-07-00

Date

904-731-0099

Daytime Phone

CR2E034 (5/00)