

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90166 019 \*\*\*158.75

**DOCUMENT # K77534**

1. Entity Name  
**MIKE SAUM POOL SERVICE & REPAIR, INC.**



Principal Place of Business  
**5060 COLDSTREAM LANE**  
**2651 47TH TERRACE NW**  
**NAPLES FL 34104**  
**US**

Mailing Address  
**5060 COLDSTREAM LN**  
**NAPLES FL 33942**  
**US**



2. Principal Place of Business  
**5060 COLDSTREAM LN**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 9108**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**NAPLES FL**

City & State  
**NAPLES FL**

4. FEI Number **65-0110037**

Applied For  
Not Applicable

Zip **34104** Country **Collier**

Zip **34101** Country **Collier**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**SAUM, THOMAS M.**  
**5060 COLDSTREAM LANE**  
**NAPLES FL 33942**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas M. Saum*  
Signature, typed or printed name of registered agent and name if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-30-03**

**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 **PD** ☐ Delete  
NAME **SAUM, THOMAS M.**  
STREET ADDRESS **5060 COLDSTREAM LANE**  
CITY-ST-ZIP **NAPLES FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Thomas M. Saum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)