

2002 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-10-2002 90198 038 ****50.00

DOCUMENT # L01000002491

1. Entity Name

SWIM RITE POOL & SPA SERVICE & REPAIRS, L.L.C.

Principal Place of Business

6339 JARVIS RD.
 SARASOTA FL 34241

Mailing Address

6339 JARVIS RD.
 SARASOTA FL 34241

97958



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6339 JARVIS RD
 Suite, Apt. #, etc.

3. Mailing Address

6339 JARVIS RD
 Suite, Apt. #, etc.

City & State
 Sarasota, FL

City & State
 Sarasota FL

4. FEI Number
 05-1077448

Applied For
 Not Applicable

Zip Country
 34241 USA

Zip Country
 34241 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WASIL, JOHN W SR.
 6339 JARVIS RD.
 SARASOTA FL 34241

7. Name and Address of New Registered Agent

Name
 John W Wasil SR
 Street Address (P.O. Box Number is Not Acceptable)
 6339 JARVIS RD
 City
 Sarasota FL Zip Code
 34241

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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Manager
 John W Wasil
 6339 Jarvis Rd
 Sarasota FL 34241 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
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10. ADDITIONS / CHANGES

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

TITLE
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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE

John W Wasil SR

7/8/02

379-9385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)