

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90756 020 ***150.00

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DOCUMENT # L02000027326

1. Entity Name

POOLS WITH A PORPOISE, LLC



Principal Place of Business

**100 OLD CARRIAGE ROAD
PONCE INLET FL 32127**

Mailing Address

**100 OLD CARRIAGE ROAD
PONCE INLET FL 32127**

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

41-2063059

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE STE. B-1
PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name **DON J FRICK**
Street Address (P.O. Box Number is Not Acceptable)

100 OLD CARRIAGE RD

City **PONCE INLET, FL** Zip Code **32127**

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

4/21/03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRES** ☐ Delete
NAME **DON J FRICK**
STREET ADDRESS **100 OLD CARRIAGE RD**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **PRES** ☒ Change ☐ Addition
NAME **DON J FRICK**
STREET ADDRESS **100 OLD CARRIAGE RD**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 OF DON J FRICK

4/21/03

Date

Daytime Phone #

386

341-0094

CR2E083 (10/02)