

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90021 003 \*\*\*\*55.00

DOCUMENT # **L04000045056**

1. Entity Name

**THE Pool Doctor of Broward**



**DO NOT WRITE IN THIS SPACE**

**20066065**

2. Principal Place of Business

**Home**

Suite, Apt. #, etc.

3. Mailing Address

**6104 NW 18 CT**

Suite, Apt. #, etc.

**margate**

City & State

City & State

**FL**

Zip

Country

Zip

**33063**

Country

**Broward**

4. FEI Number

**270094039**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**James Jay Roberts**

Street Address (P.O. Box Number is Not Acceptable)

**6104 NW 18 CT margate**

City

**FL**

FL

Zip Code

**33063**

**DO NOT WRITE  
IN THIS SPACE**

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

**James Jay Roberts**

Signature, typed or printed name of registered agent and title if applicable

**8-2-05**

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Sole manager  
E Service Tech/owner  
James Jay Roberts**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

**James Jay Roberts**

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

**8-2-05**

Date

Daytime Phone #

CR2E083B (12/02)