

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90527 041 ***150.00

DOCUMENT # L27609

1. Entity Name
CAREFREE POOLS SERVICE & SUPPLY, INC.



Principal Place of Business
**4823 SW 3RD AVENUE
CAPE CORAL FL 33914**

Mailing Address
**P.O. BOX 151626
CAPE CORAL FL 33915-1626**

2. Principal Place of Business
1040 SE 20TH AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL, FL 33990

City & State

Zip Country

Zip Country

4. FEI Number **65-0156082**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FESTA, THEODORE, JR
1329 SE VAN LOON TERRACE
CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name **FESTA, THEODORE, JR.**
Street Address (P.O. Box Number is Not Acceptable)
1040 SE 20TH AVENUE
City **CAPE CORAL** FL **33990**

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 **1/27/03**

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

TITLE **PT** ☐ Delete
NAME **FESTA, THEODORE, JR**
STREET ADDRESS **1329 SE VAN LOON TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **VS** ☒ Delete
NAME **FESTA, THEODORE, SR**
STREET ADDRESS **4823 SW 3RD AVE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **1040 SE 20TH AVENUE**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/27/03**

Daytime Phone #

CR2E034 (10/02)