

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L43306

1. Entity Name

PRINCETON POOL HEATING SYSTEMS, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90012 013 \*\*\*150.00

Principal Place of Business

Mailing Address

~~12840 MEADOWBREEZE DRIVE~~  
~~WELLINGTON FL 33414~~  
~~US~~

~~12840 MEADOWBREEZE DRIVE~~  
~~WELLINGTON FL 33414-2014~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

6019 Via Venetia S

6019 Via Venetia S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Delray Beach FL

Delray Beach FL

Zip

Country

Zip

Country

33484

USA

33484

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORRAN, JODY

~~12840 MEADOWBREEZE DRIVE~~  
~~WELLINGTON FL 33414~~

Name

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

6019 Via Venetia S

City

Delray Beach

FL

Zip Code

33484

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GORRAN, JODY  
STREET ADDRESS ~~12840 MEADOWBREEZE DRIVE~~  
CITY-ST-ZIP ~~WELLINGTON FL 33414~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS 6019 Via Venetia S.  
CITY-ST-ZIP Delray Beach FL 33484

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00

561 312-2870

Daytime Phone #

CR2F034 (9/99)