

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90028 007 ***150.00

DOCUMENT # L68023

1. Entity Name
STONECIPHER POOL SERVICE, INC.

Principal Place of Business

ROUTE 2 BOX 1116
CLEWISTON FL 33440

Mailing Address

ROUTE 2 BOX 1116
CLEWISTON FL 33440

2. Principal Place of Business

5121 Pioneer 7th St
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 11658
 Suite, Apt. #, etc.

City & State

Clewiston FL

City & State

LaBelle FL

Zip

Country

33440

Zip

Country

33975

4. FEI Number

65-0196376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STONECIPHER, M. DAN

ROUTE 2 BOX 1116

5121 7TH ST - 5121 Pioneer 7th St.

CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name

Stonecipher, M. Dan

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

5121 Pioneer 7th St.

City

Clewiston

FL

Zip Code

33440

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

M. Dan Stonecipher
 Signature, typed or printed name of registered agent and 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, 2002 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

TITLE **DPT** ☐ Delete
 NAME **STONECIPHER, M. DAN**
 STREET ADDRESS **5121 7TH ST**
 CITY-ST-ZIP **CLEWISTON FL**

TITLE **S** ☐ Delete
 NAME **STONECIPHER, M. DAN**
 STREET ADDRESS **5121 7TH ST**
 CITY-ST-ZIP **CLEWISTON FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Change ☐ Addition
 NAME **Stonecipher, M. Dan**
 STREET ADDRESS **5121 Pioneer 7th St**
 CITY-ST-ZIP **Clewiston FL 33440**

TITLE **S** ☐ Change ☐ Addition
 NAME **Stonecipher, M. Dan**
 STREET ADDRESS **5121 Pioneer 7th St.**
 CITY-ST-ZIP **Clewiston, FL 33440**

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

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

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

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

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 like empowered.

SIGNATURE:

M. Dan Stonecipher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Dan Stonecipher 3/2/02 863-983-8765
 Date Daytime Phone #

CR2E034 (9/01)