## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am Secretary of State DOCUMENT # L94677 1. Entity Name AQUA TECH POOL CARE, INC. 05-28-2002 91769 006 \*\*\*150.00 Principal Place of Business Mailing Address 1752 LAKEVIEW RD 1752 LAKEVIEW RD **CLEARWATER FL 34616 CLEARWATER FL 34616** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3026880 Not Applicable Zip Zip Country -- == -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'CONNOR, ANTHONY N. Street Address (P.O. Box Number is Not Acceptable) 1752 LAKEVIEW RD **CLEARWATER FL 34616** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be . Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE ☐ Change ☐ Addition O'CONNOR, ANTHONY N. NAME NAME 1752 LAKEVIEW RD STREET ADDRESS STREET ADDRESS CLEARWATER FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition O'CONNOR, JACQUELYN NAME NAME STREET ADDRESS 1752 LAKEVIEW RD STREET ADDRESS CITY-ST-ZIP -CLEARWATER FL CITY-ST-7IP. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

13. I hereby certify that the information supplied with this filling 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. Anthony N. O'Connur, President Attachment

#194677

## **Aqua Tech Pool Care Inc**

1752 Lakeview Rd Clearwater, FL 33756 phone 727-442-3155

May 3, 2002

Florida Dept of State Division of Corporations POB 6327 Tallahassee, FL 32314

Dear Sir or Madam:

I would like to request a waiver of the \$400.00 late filing fee for the Uniform Business Report. We are a small one person business and the Fee would cause a hardship. I had delayed paying the \$150.00 for Financial reasons, and then missed the actual deadline by two days.

I wouldn't be adverse to paying a small fine, such as \$50.00, but a total of \$550.00 payment would deplete half our bank account! I hope you can See fit towards assisting us in this matter. Thank you for your assistance.

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Anthony N. O'Connor

President