

2001 UNIFORM BUSINESS REPORT (UBR)

0421078

DOCUMENT # M90281

1. Entity Name
LEISURETIME PATIO & POOL SUPPLIES, INC.

Principal Place of Business

% STEPHEN J. KISH
1565 FAYETTVILLE DR.
SPRING HILL FL 34609

Mailing Address

% STEPHEN J. KISH
1565 FAYETTVILLE DR.
SPRING HILL FL 34609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2903347** ~~59-2703347~~

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KISH, STEPHEN J.
1565 FAYETTVILLE DR.
SPRING HILL FL 34609

Name

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

City

FL

Zip Code

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 *Stephen J. Kish Pres* **STEPHEN J. KISH, PRES** DATE **10/30/01**

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
KISH, STEPHEN J.
1565 FAYETTVILLE DR.
SPRING HILL FL 34609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004779405-4 ☐ Change ☐ Addition
-01/17/02--01002--015
****750.00 ****750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
KISH, MAUREEN A.
1565 FAYETTVILLE DR.
SPRING HILL FL 34609 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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 like empowered.

SIGNATURE: *Maureen A. Kish VP* DATE **10/30/01** DAYTIME PHONE # **352-795-9800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED
02 JAN -2 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE