

2000 UNIFORM BUSINESS REPORT (UBR)

71

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-20-2000 90024 040 ***61.25

DOCUMENT # N99000000547

1. Entity Name

POOL HEAT PUMP MANUFACTURERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1300 S. ANDREWS AVE.
 PALM BEACH FL 33069

1300 S. ANDREWS AVE.
 PALM BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
 33069

Country

Zip

Country

4. FEI Number

65-0904907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAKRYK, JOHN
 1330 S. ANDREWS AVE.
 PALM BEACH FL 33069

Name

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

1300 S. Andrews Ave.

City

Pompano Bch.

FL

Zip Code

33069

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	John M. ZAKRYK	<input type="checkbox"/> Delete
NAME	1300 S. Andrews Ave	
STREET ADDRESS	Pompano Bch FL 33069	
CITY-ST-ZIP		
TITLE	Merill Yarborough	<input type="checkbox"/> Delete
NAME	1300 S. Andrews Ave	
STREET ADDRESS	Pompano Bch FL 33069	
CITY-ST-ZIP		
TITLE	pres.	<input type="checkbox"/> Delete
NAME	DAVID STEVENSON	
STREET ADDRESS	1300 S. Andrews Ave	
CITY-ST-ZIP	Pompano Bch FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)