

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2001 8:00 am**  
**Secretary of State**

07-20-2001 90006 040 \*\*\*550.00

**DOCUMENT # P00000000952**

1. Entity Name  
**THE ULTIMATE POOL SERVICE OF TAMPA BAY, INC.**

Principal Place of Business

P.O. BOX 260124  
 TAMPA FL 33685

Mailing Address

P.O. BOX 260124  
 TAMPA FL 33685

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

54-3638164

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TESTINO, JAMES H**  
**10242 CHIP LN.**  
**NEW PORT RICHEY FL 34654**

7. Name and Address of New Registered Agent

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD**  
**TESTINO, JAMES H**  
**10242 CHIP LN.**  
**NEW PORT RICHEY FL 34654**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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☐ 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-01

727-868-3036

Date

Daytime Phone #

0121141 AI

CR2E034 (5/01)

Attachment  
#PO000000952  
BOULE0310

ULTIMATE POOL SERVICE OF TAMPA BAY, INC.  
P.O. BOX 260124  
TAMPA, FL 33685  
727-868-3036

7-10-2001

Florida Dep. Of State

Re: UBR 2001

Dear Department of State:

I just received the following notice indicating that I did not file my UBR by May and there is a huge penalty being assessed. I did complete and mail the form with a check in mid April. I immediately called my bank and discovered that the check I wrote has not cleared. This is obviously a case of mail that has been lost or destroyed in transit and I feel it would be ridiculous to be assessed this unreasonable penalty. I am enclosing the new form and a new check for \$150. Please process the form as soon as possible.

Sincerely,

James H. Testino - Pres.