

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2002 90269 013 ***150.00

DOCUMENT # P00000001326

1. Entity Name

SOUTHERN POOL SURFACING, INC.

Principal Place of Business

**4100 N. POWERLINE ROAD
 SUITE N-5
 POMPANO BEACH FL 33073**

Mailing Address

**4100 N. POWERLINE ROAD
 SUITE N-5
 POMPANO BEACH FL 33073**

2. Principal Place of Business

4100 N. Powerline Rd

3. Mailing Address

4100 N. Powerline Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Q-4

Q-4

City & State

Pompano Bch FL

City & State

Pompano Bch FL

Zip

Country

33073

U.S.A

Zip

Country

33073

U.S.A

4. FEI Number

65-0970613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GRIGGS, JAMES
 5540 WINDRIFT LANE
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

None

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

James Griggs President 4-14-02

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, 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 **PD** ☐ Delete
 NAME **GRIGGS, JAMES**
 STREET ADDRESS **5540 WINDRIFT LANE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

James Griggs President 4-14-02 954 917-2322

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/01)