

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92202 007 ***150.00

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DOCUMENT # P00000001326

1. Entity Name

SOUTHERN POOL SURFACING, INC.



Principal Place of Business
**4100 N. POWERLINE ROAD
SUITE Q-4
POMPANO BEACH FL 33073
US**

Mailing Address
**4100 N. POWERLINE ROAD
SUITE Q-4
POMPANO BEACH FL 33073
US**



2. Principal Place of Business

4100 N. Powerline Rd

3. Mailing Address

4100 N. Powerline Rd

Suite, Apt. #, etc.

Q-4

Suite, Apt. #, etc.

Q-4

City & State

Pompano Bch FL

City & State

Pompano Bch FL

Zip

33073

Country

Broward

Zip

33073

Country

☐ CHECK HERE IF MAKING CHANGES

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 WINDRIFF LANE~~ **95 NE 4th Ave #3**
~~BOCA RATON FL 33433~~ **Delray Bch FL**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIGGS, JAMES	
STREET ADDRESS	5540 WINDRIFF LANE 95 NE 4th Ave #3	
CITY-ST-ZIP	BOCA RATON FL 33433 Delray Bch FL 33483	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

954 917-2322

Daytime Phone #

CR2E034 (10/02)