

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011086

1. Entity Name

BLUE LAGOON POOLS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90061 050 ***150.00

Principal Place of Business

536 TARPON AVE., #4
TARPON SPRINGS FL 34689

Mailing Address

536 TARPON AVE., #4
TARPON SPRINGS FL 34689

2. Principal Place of Business

536 Tarpon Avenue
Suite, Apt. #, etc.
#5

3. Mailing Address

536 Tarpon Avenue
Suite, Apt. #, etc.
#5

City & State

Tarpon Springs, FL

Zip
34689

Country

USA

City & State

Tarpon Springs, FL

Zip

34689

Country

USA

4. FEI Number

59-3628916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, MARK D
536 TARPON AVE., #4
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

Mark D. Hammond

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

536 Tarpon Avenue, #5

City

Tarpon Springs

FL

Zip Code

34689

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
HAMMOND, MARK D
536 TARPON AVE., #4
TARPON SPRINGS FL 34689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
536 Tarpon Avenue, #5

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

727-939-1002

Daytime Phone #

CR2E034 (10/00)