

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90466 010 ***150.00

DOCUMENT # P00000011086

1. Entity Name
BLUE LAGOON POOLS, INC.

Principal Place of Business
536 TARPON AVE., #5
TARPON SPRINGS FL 34689

Mailing Address
536 TARPON AVE., #5
TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8811 State Rd. 52

3. Mailing Address
8811 State Rd. 52

Suite/Apt. #, etc.
28

Suite/Apt. #, etc.
28

City & State
Hudson, FL

City & State
Hudson, FL

4. FEI Number **59-3628916**

Applied For
 Not Applicable

Zip Country
34667 USA

Zip Country
34667 USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HAMMOND, MARK D
536 TARPON AVE., #5
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)
8811 state Rd. 52 Suite #28
 City **Hudson** FL Zip Code **34667**

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 *Mark D. Hammond* **Mark D. Hammond President** **2-18-02**
 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 **PSD** ☐ Delete
 NAME **HAMMOND, MARK D**
 STREET ADDRESS **536 TARPON AVENUE, #5**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **VICE PRESIDENT** ☐ Delete
 NAME **GEORGE A. NICHOLAS**
 STREET ADDRESS **8811 State Rd. 52 suite #28**
 CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: *Mark D. Hammond*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-02 **727 939 1002**
 Date Daytime Phone #

CR2E034 (9/01)