

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90779 020 ***150.00

DOCUMENT # **PO00000024028**

1. Entity Name

**Jeff's Swimming Pool
Service**

DO NOT WRITE IN THIS SPACE

641981

2. Principal Place of Business

3. Mailing Address

Largo, FLA

12121-131st N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

319

319

City & State

City & State

Largo, FLA

Largo, FLA

4. FEI Number

Applied For

Not Applicable

59-3698425

Zip

Country

Zip

Country

33774 Pinellas

33774 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jeffrey R Shelton

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

12121-131st N #319

City

Largo

FL

Zip Code

33774

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**Jeff Shelton President
12121 - 131st St. N. #319
Largo, Florida 33774**

STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 727-244-6475

CR2E034B (12/01)