

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90075 030 ***150.00

DOCUMENT # P00000024934

1. Entity Name
"TOP-NOTCH" POOL CARE, INC.



Principal Place of Business
**4723 TOURNAMENT BLVD
SARASOTA FL 34243
US**

Mailing Address
**4723 TOURNAMENT BLVD
SARASOTA FL 34243
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

4723 TOURNAMENT BLVD
Suite, Apt. #, etc.

4723 TOURNAMENT BLVD
Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

SARASOTA, FL

Zip

Country

Zip

Country

34243

MANATEE

34243

MANATEE

4. FEI Number

65-0990286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANTOOTH, MARGARET
4723 TOURNAMENT BLVD
SARASOTA FL 34243**

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 *Margaret H. Mantooth*
Signature, typed or printed name of registered agent and title if applicable.

MARGARET MANTOOTH
(NOTE: Registered Agent signature required when reinstating)

1-10-03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CHMIELEWSKI, RICHARD**
STREET ADDRESS **4723 TOURNAMENT BLVD.**
CITY-ST-ZIP **SARASOTA FL 34243**

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

TITLE **D** ☐ Delete
NAME **CHMIELEWSKI, RICHARD**
STREET ADDRESS **4723 TOURNAMENT BLVD**
CITY-ST-ZIP **SARASOTA FL 34243**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 *Richard Chmielewski* **RICHARD CHMIELEWSKI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)