

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90079 002 \*\*\*150.00

0398238 AV

**DOCUMENT # P00000036391**

1. Entity Name

**BUDMIN POOLS, INC.**

Principal Place of Business

**15922 91ST TERRACE NORTH  
 JUPITER FL 33478**

Mailing Address

**PO BOX 1671  
 JUPITER FL 33468**

8003002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**15922 91ST TERRACE N.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**JUPITER FL**

City & State

Zip Country

**33478 United States**

4. FEI Number

**65-1030420**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WILLIS-SMITH, MINDI  
 905 CHIPPEWA ST.  
 JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name **MINDI WILLIS-SMITH**

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

**15925 91ST TERRACE NORTH**

City **JUPITER**

**FL**

Zip Code **33478**

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

*Mindi Willis-Smith*

**MINDI WILLIS-SMITH**

**2/24/02**

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 **PST** ☐ Delete  
 NAME **WILLIS-SMITH, MINDI**  
 STREET ADDRESS **15925 91ST TERRACE N**  
 CITY-ST-ZIP **JUPITER FL 33478**

TITLE **VP** ☐ Delete  
 NAME **SMITH, BUDDY**  
 STREET ADDRESS **15925 91ST TERRACE N**  
 CITY-ST-ZIP **JUPITER FL 33478**

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 **PST** ☐ Change ☐ Addition  
 NAME **WILLIS-SMITH, MINDI**  
 STREET ADDRESS **15925 91ST TER. N.**  
 CITY-ST-ZIP **JUPITER, FL 33478**  
**SAME**

TITLE **V.P.** ☐ Change ☐ Addition  
 NAME **SMITH, BUDDY**  
 STREET ADDRESS **15925 91ST TER. N.**  
 CITY-ST-ZIP **JUPITER, FL 33478**  
**SAME**

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

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

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

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

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:

*Mindi Willis-Smith* **MINDI WILLIS-SMITH Pres. 2/24/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**574 5794**

CR2E034 (9/01)