

2001 UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

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DOCUMENT # P00000077827

1. Entity Name

BLUE SPRINGS POOL SERVICES INC.

FILED

01 JUL 30 PM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4781 NORTH CONGRESS AVENUE, #172
BOYNTON BEACH FL 33426

Mailing Address

4781 NORTH CONGRESS AVENUE, #172
BOYNTON BEACH FL 33426

2. Principal Place of Business

4781 N. CONGRESS AVE

Suite, Apt. #, etc.

Box # 172

3. Mailing Address

4781 N. CONGRESS AVE

Suite, Apt. #, etc.

Box # 172

City & State

Boynton Bch, FL

City & State

Boynton Bch, FL

Zip

33426

Country

USA

Zip

33426

Country

USA

4. FEI Number

65-1051581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VULTAGGIO, JOSEPH

4781 NORTH CONGRESS AVENUE, #172

BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

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.

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)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 D ☐ Delete
NAME VULTAGGIO, JOSEPH
STREET ADDRESS 4781 NORTH CONGRESS AVENUE, #172
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 600004535776--5
CITY-ST-ZIP -08/15/01--01020--006
****150.00 ****150.00
☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Valtaggio

Date

7-25-01

Daytime Phone #

561-718-0442

CR2E034 (5/01)

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D# P0000077827

July 24, 2001


Division of Corporations
P.O. Box 5327
Tallahassee, Fl 32314

To Whom It May Concern:

I Joseph Vultaggio was not aware, nor was I made aware of this being due by June until I received the one for \$550.00 in July. This being my first year in business I was not aware of the Uniform Business Report.

Please accept my payment of \$150.00; now that I am aware of this being due each year there will not be a problem with proper notification from the State.

Thank you,


Joseph Vultaggio
Owner
Blue Springs Pool Services Inc.