

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90123 013 ***150.00

DOCUMENT # P00000090497

1. Entity Name
POOL PARAMEDICS, INC.

Principal Place of Business

**9648 63RD TRAIL SOUTH
 BOYNTON BEACH FL 33437**

Mailing Address

**9648 63RD TRAIL SOUTH
 BOYNTON BEACH FL 33437**

2. Principal Place of Business

10081 Jockey Rd
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 740984
 Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Boynton Beach FL

Zip

Country

33467

USA

Zip

Country

33474

USA

4. FEI Number

65-1046113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BARAJAS, SALLIANNE

9648 63RD TRAIL SOUTH

BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name

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

10081 Jockey Road

City

Lake Worth

FL

Zip Code

33467

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/6/02
 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 13, 2002 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 **BARAJAS, SALLIANNE**
 STREET ADDRESS **9648 63RD TRAIL SOUTH**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☐ Delete
 NAME **DEMARCO, RANI**
 STREET ADDRESS **9648 63RD TRAIL SOUTH**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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 **10081 Jockey Rd**
 CITY-ST-ZIP **Lake Worth FL 33467**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10081 Jockey Rd**
 CITY-ST-ZIP **Lake Worth FL 33467**

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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

9/6/02 (561)436-2458

CR2E034 (4/02)

Attachment
979588

Florida Dept of State
Division of Prop
PO Box 8327
Tallahassee, FL 32314

Sept 7, 2002

To Whom It May Concern,

Enclosed please find my check #1532
for 8150.00. I never received the
first notice to file my 2002 UBR.
I moved August, 2001. The second
notice was received by the new
homeowners & given to an old
neighbor to get to me.

I can be reached at (561) 436-2458
if you have any questions.

Thanking you in advance

Salliane Barajas

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Doc # P00000090497