

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094641

1. Entity Name

POOL WORKS INC

Principal Place of Business

Mailing Address

36422 Glenwood Circle
Eustis, FL 32736

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3676269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Angela Brown
36422 Glenwood Circle
Eustis, FL 32736

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 WITH FEE OF \$150.00
After MAY 1, 2001 Fee will be \$500.00
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 NAME ☐ Delete
Angela Brown
STREET ADDRESS 36422 Glenwood Circle
CITY- ST- ZIP Eustis, FL 32736

TITLE NAME ☐ Delete
Bradley P Brown
STREET ADDRESS 36422 Glenwood Circle
CITY- ST- ZIP Eustis, FL 32736

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
100004717261--3
-12/10/01--01094--013
****150.00 ****150.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 OCT 30 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/2

Patti Levin, E.A.

zel

Accounting & Tax Service
Post Office Box 121
Tavares, FL 32778
Phone (352) 383-0007

October 17, 2001

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Pool Works Inc.
Document #P00000094641

Dear Sirs:

I am the accountant for the above referenced client. My client never received the initial UBR regarding annual dues for their newly formed corporation.

Please accept the enclosed UBR form and their check in the amount of \$150 as payment in full for their annual dues for the year 2001. Please reinstate this corporation.

If further information is needed, please let me know.

Thank you for your assistance in this matter

Sincerely yours,

Patricia G. Levin EA
Patricia G. Levin, E.A.

cc: Pool Works, Inc.