

2001 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # P0000094641

1. Entity Name
POOL WORKS INC

Principal Place of Business **Mailing Address**

36422 Glenwood Circle Same
Eustis, FL 32736

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

FILED
O1 OCT 30 PM 4: 22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
59-3676269 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**

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 *Angela Brown* 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. **FILE NOW!!! FEE IS \$500.00. After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Angela Brown 36422 Glenwood Circle Eustis, FL 32736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004717261--3 -12/10/01--01094--013 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bradley P Brown 36422 Glenwood Circle Eustis, FL 32736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Angela Brown* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

Patti Levin, E.A.

Levin

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, E.A.

Patricia G. Levin, E.A.

cc: Pool Works, Inc.