

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90129 002 ***550.00

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DOCUMENT # P01000008835

1. Entity Name

LAKEWOOD POOL SERVICE, INC.



Principal Place of Business
11031 PINE LILLY PLACE
BRADENTON FL 34202

Mailing Address
11031 PINE LILLY PLACE
BRADENTON FL 34202

2. Principal Place of Business
1731 LAKEWOOD RANCH BLVD. N.
Suite, Apt. #, etc.

3. Mailing Address
22825th AVE. E.
Suite, Apt. #, etc. #105

City & State
BRADENTON FL 34211

City & State
BRADENTON FL

4. FEI Number 65-1073599

Applied For
Not Applicable

Zip Country
34202 USA

Zip Country
34203 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PECK, DAVID M
11031 PINE LILLY PLACE
BRADENTON FL 34202

7. Name and Address of New Registered Agent

Name DAVID M. PECK
Street Address (P.O. Box Number is Not Acceptable)
11031 PINE LILLY PL.
City BRADENTON FL Zip Code 34202

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 DATE 9-1-03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PECK, DAVID M
STREET ADDRESS 11031 PINE LILLY PL
CITY-ST-ZIP BRADENTON FL 34202

TITLE VP
NAME SEXTON, DANIEL
STREET ADDRESS 12227 WINDING WOODS WAY
CITY-ST-ZIP BRADENTON FL 34202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 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

9-1-03

Date

941 353-3205

Daytime Phone #

CR2E034 (4/03)