

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90688 009 \*\*\*150.00

0377531 AV

**DOCUMENT # P01000020388**

**1. Entity Name**  
**LIFEGUARD POOL FENCE, INC.**

**Principal Place of Business**  
**21050 ESCONDIDO WAY NORTH**  
**BOCA RATON FL 33433**

**Mailing Address**  
**21050 ESCONDIDO WAY NORTH**  
**BOCA RATON FL 33433**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**2200 Mears Parkway**  
Suite, Apt. #, etc.  
**Box 2200**

**3. Mailing Address**  
**SAME AS ABOVE**  
Suite, Apt. #, etc.

**City & State**  
**MARGATE FL**

**City & State**

**4. FEI Number**  
**65-1084011**

**Applied For**  
**Not Applicable**

**Zip**  
**33063**

**Country**  
**USA**

**Zip**

**Country**

**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**

**BLOSFELDS, IVAR**  
**21050 ESCONDIDO WAY NORTH**  
**BOCA RATON FL 33433**

**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** **IVAR BLOSFELDS**

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

(NOTE: Registered Agent signature required when reinstating)

**4.3.02**

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **BLOSFELDS, IVAR**  
**STREET ADDRESS** **21050 ESCONDIDO WAY NORTH**  
**CITY-ST-ZIP** **BOCA RATON FL 33433**

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

**TITLE** **D** ☐ Delete  
**NAME** **BLOSFELDS, GAIL M**  
**STREET ADDRESS** **21050 ESCONDIDO WAY NORTH**  
**CITY-ST-ZIP** **BOCA RATON FL 33433**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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:** **IVAR BLOSFELDS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.3.02** **561-376-8092**  
Date Daytime Phone #

CR2E034 (9/01)