

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90012 014 ***158.75

DOCUMENT # P01000035546

1. Entity Name

POOLPRICES.COM, INC.

Principal Place of Business

**7120 S.W. 19TH STREET
 PLANTATION FL 33317**

Mailing Address

**7120 S.W. 19TH STREET
 PLANTATION FL 33317**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1844 N. NOB HILL ROAD

3. Mailing Address

1844 N. NOB HILL ROAD

Suite, Apt. #, etc.

615

Suite, Apt. #, etc.

615

City & State

Plantation, Florida

City & State

Plantation, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. FEI Number

65-1092098

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KAISER, MARTIN
 7120 S.W. 19TH STREET
 PLANTATION FL 33317**

7. Name and Address of New Registered Agent

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!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAISER, MARTIN	
STREET ADDRESS	7120 S.W. 19TH STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN COLEMAN	
STREET ADDRESS	1844 N. NOB HILL ROAD #615	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE	MELODY COLEMAN - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1844 N. NOB HILL ROAD #615	
STREET ADDRESS	PLANTATION, FL 33322	
CITY-ST-ZIP		
TITLE	MARTIN KAISER - VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1844 N. NOB HILL ROAD #615	
STREET ADDRESS	PLANTATION, FL 33322	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Martin Kaiser UP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02
 Date

954-327-9992
 Daytime Phone #

CR2E034 (9/01)