

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91758 024 \*\*\*150.00

DOCUMENT # P01000040501

1. Entity Name

Joe's Pool Finishing Inc

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3024 N Power DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32818

Country

Orange

Zip

Country

4. FEI Number

59-3711868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph Moore

Street Address (P.O. Box Number is Not Acceptable)

3024 N. Power DR

City

Orlando

FL

Zip Code

32818

**DO NOT WRITE  
IN THIS SPACE**

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

5/1/02

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	STREET ADDRESS	CITY - ST - ZIP
PD	Joseph Moore	3024 N. Power DR	Orlando, FL 32818
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

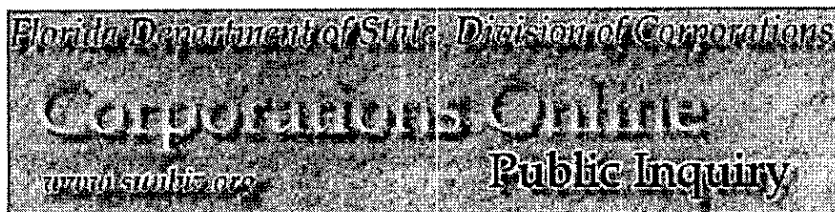
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Moore

5/1/02



Florida Profit

P01000040501

JOE'S POOL FINISHING INC

## PRINCIPAL ADDRESS

3024 N. POWERS DR.  
ORLANDO FL 32818

## MAILING ADDRESS

3024 N. POWERS DR.  
ORLANDO FL 32818Document Number  
P01000040501FEI Number  
NONEDate Filed  
04/20/2001State  
FLStatus  
ACTIVEEffective Date  
NONE

## Registered Agent

Name & Address
MOORE, JOSEPH 3024 N. POWERS DR. ORLANDO FL 32818

## Officer/Director Detail

Name & Address	Title
MOORE, JOSEPH 3024 N. POWERS DR. ORLANDO FL 32818	PD

## Annual Reports

Report Year	Filed Date	Intangible Tax
-------------	------------	----------------