

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90250 043 ***150.00

DOCUMENT # P01000042573

1. Entity Name
POOLDZINE, INC.



Principal Place of Business
**12785 QUNICY BAY DR
JACKSONVILLE FL 32224**

Mailing Address
**12785 QUNICY BAY DR
JACKSONVILLE FL 32224**

2. Principal Place of Business
8608 BEACH BLVD.

3. Mailing Address
8608 BEACH BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number
06-1655697

Applied For
Not Applicable

Zip
32216

Country
FLORIDA

Zip
32216

Country
FLORIDA

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

**BARKER, LAUREN F ESQ
817 NORTH MAIN STREET
JACKSONVILLE FL 32202**

Name
BARKER, LAUREN F ESQ

Street Address (P.O. Box Number is Not Acceptable)
4244 ST. JOHNS AVENUE

City
JACKSONVILLE

FL

Zip Code
32210

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
WALTON, CHRISTOPHER W
12785 QUNICY BAY DR
JACKSONVILLE FL 32224** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
BAIRD, BRIAN W
12785 QUNICY BAY DR
JACKSONVILLE FL 32224** ☒ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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: **CHRISTOPHER W. WALTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03 Date
(904) 861-2406 Daytime Phone #

CD05024 (1/0/02)