

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90330 017 ***150.00

DOCUMENT # P01000050760

1. Entity Name
MILLENNIUM POOLS, INC.

Principal Place of Business

**356 TAVERNIER DR
 OLDSMAR FL 34677**

Mailing Address

**356 TAVERNIER DR
 OLDSMAR FL 34677**

2. Principal Place of Business

108 Pinckney St.
 Suite, Apt. #, etc.

3. Mailing Address

108 Pinckney St.
 Suite, Apt. #, etc.

City & State

Oldsmar FL

City & State

Oldsmar FL

4. FEI Number

59-3737704

Applied For

Not Applicable

Zip

34677

Country

USA

Zip

34677

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NEWHOOK, GERARD
 356 TAVERNIER DR
 OLDSMAR FL 34677**

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 ☐ Delete
 NAME **President**
 STREET ADDRESS **Jerry Newhook**
 CITY-ST-ZIP **34677**
356 Tavernier Dr., Oldsmar, FL

TITLE ☐ Delete
 NAME **Secretary**
 STREET ADDRESS **Juan Fontanez**
 CITY-ST-ZIP **4311 Longshore Dr.**
Land O' Lakes, FL 34639

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Jerry Newhook
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Jerry Newhook 4/5/02 813-855-0182
 Date Daytime Phone #

CR2E034 (9/01)