

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

09-11-2002 90120 011 \*\*\*158.75

**DOCUMENT # P01000057409**

**1. Entity Name**  
**POOL SAVER, INC.**

**Principal Place of Business**

**3565 S LAKE DR**  
**BOYNTON BCH FL 33435**

**Mailing Address**

**3565 S LAKE DR**  
**BOYNTON BCH FL 33435**

**B0137439**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**12926 LA ROCHELLE CR.**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**12926 LA ROCHELLE CR.**  
 Suite, Apt. #, etc.

**City & State**

**PALM BEACH GARDENS FL.**  
 Zip **33410** Country **US**

**City & State**

**PALM BEACH GARDENS, FL.**  
 Zip **33410** Country **US**

**4. FEI Number**

**65-1119940**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WASHINGTON,**  
**3565 S LAKE DR**  
**BOYNTON BCH FL 33435**

**7. Name and Address of New Registered Agent**

**Name**  
**WASHINGTON**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**12926 LA ROCHELLE CIRCLE**  
**City**  
**PALM BEACH GARDENS FL** **Zip Code**  
**33410**

**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]*

**9.8.02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9.8.02 (Sun) 627-3059**

CR2E034 (4/02)

*Attachment*



# THE POOL SAVER, INC.

~ MAINTENANCE AND REPAIRS ~

*#D01000057409*

12926 La Rochelle Circle ~Palm Beach Gardens~FL 33410~(561) 627-9849

September 5, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Late Fee

I am writing this letter to request that the late fee for filing be waived. I did not receive a prior notice of the Uniform Business Report. The first notice I received was in July of 2002, We have also just moved into a new location as of mid August, so it was not a delay in the mail. I have made all necessary address changes and have enclosed a check for \$150.00 for the original filing fee. If you have any questions, you may contact me at (561) 627-3059, Thank You.

Sincerely,

Craig Washington  
President

**"PROFESSIONAL QUALITY SERVICE"**