

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2005 8:00 am
Secretary of State

0426763 AV

DOCUMENT # P01000060995

1. Entity Name
ALL SWIMM POOLS, INC.



Principal Place of Business
**115 NORWOOD ROAD
JUPITER FL 33469**

Mailing Address
**115 NORWOOD ROAD
JUPITER FL 33469**

00034373



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1128858**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WRIGHT, JEREMIAH
115 NORWOOD ROAD
JUPITER FL 33469**

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. 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 **D** ☐ Delete
NAME **WRIGHT, JEREMIAH**
STREET ADDRESS **115 NORWOOD ROAD**
CITY-ST-ZIP **JUPITER FL 33469**

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

TITLE **VTS** ☐ Delete
NAME **WRIGHT JOANN**
STREET ADDRESS **115 NORWOOD Rd**
CITY-ST-ZIP **Jupiter Florida 33469**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Jeremiah Wright **JEREMIAH WRIGHT** 6/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT
#0100006099J—

6-24-05

DEAR
FLA DEPT OF STATE

HERE IS MY INC FEE PAPERS

I DID NOT RECEIVE A (UBR)
FROM THE STATE.

I USED THE FORM I COULD FIND LEFT OVER FROM ANOTHER YEAR

HE LOST OUR HOME AND HAD TO REBULD OUR HOUSE SINCE THE
HURRICANES LAST SEASON

WE WERE LIVING OUT OF OUR HOME FROM SEPTEMBER 2004 THRU
MAY OF 2005
THANK YOU FOR YOUR UNDERSTANDING

J WRIGHT