

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-08-2002 90006 007 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000092926**1. Entity Name
YU-POOL, CO.Principal Place of Business
6503 NORTH MILITARY TRAIL, #501
BOCA RATON FL 33496Mailing Address
6503 NORTH MILITARY TRAIL, #501
BOCA RATON FL 334962. Principal Place of Business
3302 B SPANISH WELLS DR

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELRAY BEACH

City & State

4. FEI Number
65-1141643Applied For
Not Applicable

Zip FL 33445 Country 33445

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

SISSON, LARRY
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351Name
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 Lukovic Bozidar Zivkovic Bozidar

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D
NAME ZIVKOVIC, BOZIDAR
STREET ADDRESS 6503 NORTH MILITARY TRAIL, #501
CITY-ST-ZIP BOCA RATON FL 33496 ☐ DeleteTITLE D
NAME SIMIC, GORAN
STREET ADDRESS 6503 NORTH MILITARY TRAIL, #501
CITY-ST-ZIP BOCA RATON FL 33496 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lukovic Bozidar Zivkovic Bozidar

01-04-02 561-756-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)