

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90073 041 ***150.00

DOCUMENT # P01000092926

1. Entity Name
YU-POOL, CO.



Principal Place of Business
**3302 B SPANISH WELLS DRIVE
DELRAY BEACH FL 33445**

Mailing Address
**6503 NORTH MILITARY TRAIL, #501
BOCA RATON FL 33496**

90004360



2. Principal Place of Business
130 COCONUT KEY LN.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Delray Beach, FL

City & State

4. FEI Number **65-1141643**

☒ Applied For
☐ Not Applicable

Zip **33484-8831** Country **Palm Beach**

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 32351**

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 **LARRY SISSON**

JANUARY 14, 2003

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 **ZIVKOVIC, BOZIDAR**
STREET ADDRESS **6503 NORTH MILITARY TRAIL, #501**
CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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: **ZIVKOVIC BOZIDAR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 14, 2003 561-981-8805

Date

Daytime Phone #

CR2E034 (10/02)