

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90120 049 \*\*\*158.75

DOCUMENT # 701000112257

1. Entity Name

Tibaco Pool Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

50 S. Lake Moody Rd

Suite, Apt. #, etc.

Frostproof FLA

City & State

3. Mailing Address

Tibaco Pool Inc

Suite, Apt. #, etc.

50 S. Lake Moody Rd

City & State

Frostproof, FLA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3758450

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Keith Tibaco

Street Address (P.O. Box Number is Not Acceptable)

50 S. Lake Moody Rd

City Frostproof

FL

Zip Code 33843

**DO NOT WRITE  
IN THIS SPACE**

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 Keith Tibaco

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

4-22-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PST  
NAME Keith Tibaco  
STREET ADDRESS 50 S. Lake Moody Rd  
CITY - ST - ZIP Frostproof, FLA 33843

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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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Keith Tibaco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-02