

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90107 030 \*\*\*150.00

0036200 AV

**DOCUMENT # P01000113825**

1. Entity Name

ALL ABOUT POOLS BY SETH, INC.



Principal Place of Business

10584 NW 57TH CT  
CORAL SPRINGS FL 33076

Mailing Address

10584 NW 57TH CT  
CORAL SPRINGS FL 33076

386 NW 98<sup>th</sup> Terrace

2. Principal Place of Business

P.O. Box 770382

3. Mailing Address

P.O. Box 770382

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

80-0017607

Applied For

Not Applicable

Zip

33077-0382

Country

USA

Zip

330770382

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

33071  
MARLIEB, SETH  
1623 CORAL RIDGE DR  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

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 \$550.00**

**September 10, 2003 Fee will be \$750.00**

**Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PSTD  
MARLIEB, SETH  
10584 NW 57TH CT  
CORAL SPRINGS FL 33076

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

☐ Delete

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☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment#

80140369

PO1000113825

To Whom it May Concern  
Due to A Recent ,  
move I did not receive  
my forms. I was told  
to include a check  
for \$150<sup>00</sup> and it would  
be adjusted. Thanks for  
your help.

Thank you

*Leah Bartel*