

FILED  
Jun 05, 2003 8:00 am  
Secretary of State

04-30-2003 90127 028 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

4/3

DOCUMENT # P02000016992

1. Entity Name  
PREMIUM POOL REFINISHING, INC.



55046661

Principal Place of Business  
2044 RAINBOW FARMS DRIVE  
SAFETY HARBOR FL 34695

Mailing Address  
2044 RAINBOW FARMS DRIVE  
SAFETY HARBOR FL 34695

2. Principal Place of Business

1970 Abbey Lake Rd  
Suite, Apt. #, etc.

3. Mailing Address

1970 Abbey Lake Rd  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
Clearwater FL  
Zip  
33759  
Country  
US

City & State  
Clearwater FL  
Zip  
33759  
Country  
US

4. FEI Number

03-0386258

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, KIMBERLY A  
2044 RAINBOW FARMS DRIVE  
SAFETY HARBOR FL 34695

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 \$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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PO  
FOSTER, BRADLEY B  
2044 RAINBOW FARMS DRIVE  
SAFETY HARBOR FL 34695

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WILDRIDGE, BRIAN J  
135 SUNCREST DRIVE  
SAFETY HARBOR FL 34695

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
FOSTER, KIMBERLY A  
2044 RAINBOW FARMS DRIVE  
SAFETY HARBOR FL 34695

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

Kimberly A Foster  
Kimberly A Foster  
4-21-03  
55046661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)