

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90085 037 ***150.00

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DOCUMENT # P02000048574

1. Entity Name
BRIAN'S POOL CARE, INC.



Principal Place of Business
P O BOX 187
KEY WEST FL 33041

Mailing Address
P O BOX 187
KEY WEST FL 33041



2. Principal Place of Business
2501 FOGARTY AVE
Suite, Apt. #, etc. **B**

3. Mailing Address

Suite, Apt. #, etc.

City & State
KEY WEST FL

City & State

Zip **33040** Country **MONROE**

Zip Country

4. FEI Number
01-0684071

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JENKINS, BRIAN
1201 THOMPSON STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name **BRIAN JENKINS**
Street Address (P.O. Box Number is Not Acceptable)
2501 FOGARTY AVE #13
City **KEY WEST FL** Zip Code **33040**

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 *Brian Jenkins* DATE **4/7/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	JENKINS, BRIAN	
STREET ADDRESS	P O BOX 187	
CITY-ST-ZIP	KEY WEST FL 33041	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Brian Jenkins* **BRIAN JENKINS**

Date **4/7/03** Daytime Phone # **305-364-5036**

CR2034 (10/02)