

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

112

FILED

03 JUN 17 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000051299

1. Entity Name  
PIONEER POOL CONCEPTS, INCORPORATED



Principal Place of Business  
3068 FLORAL WAY EAST  
APOPKA, FL 32703

Mailing Address  
380 S. SR 434  
SUITE 1004-167  
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

600021269226  
07/02/03--01019--024 \*\*150.00

☐ CHECK HERE IF MAKING CHANGES

03

4. FEI Number

04-3664788

Applied For  
Not Applicable

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

LUKEN, DANIEL R  
600 WECHSLER CIR  
ORLANDO, FL 32824

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 starting)

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 President  
NAME Daniel-Ryan Luken  
STREET ADDRESS 600 Wechsler Cir.  
CITY-ST-ZIP Orlando, FL 32824

TITLE Vice President  
NAME Soel Wright  
STREET ADDRESS 3068 Floral Way East  
CITY-ST-ZIP APOPKA, FL 32703

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/03

321-303-7447

Date

Daytime Phone #

ORF034 (10/02)

183

2/2



FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
State Of Florida	Joel Wright
COMPANY:	DATE:
Dept. Of Corporation	5-30-03
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

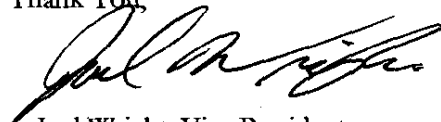
☐ URGENT    ☐ FOR REVIEW    ☐ PLEASE COMMENT    ☐ PLEASE REPLY    ☐ PLEASE RECYCLE

NOTES/COMMENTS:

To Whom It May Concern:

This letter is to inform you that Pioneer Pool Concepts Inc. did not receive our URB form. As this is our first year in business we where unaware of this form until the date had past for Renewal. If possible we like to petition for our \$400.00 late fee to be returned.

Thank You,



Joel Wright, Vice President