

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90258 023 ***150.00

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1. Entity Name
BEACHSIDE POOL & SPA SUPPLIES, INC.



Principal Place of Business
1744 OCEAN SHORE BLVD
ORMOND BEACH FL 32176

Mailing Address
1744 OCEAN SHORE BLVD
ORMOND BEACH FL 32176

2. Principal Place of Business
1750 OCEAN SHORE BLVD
Suite, Apt. #, etc.

3. Mailing Address
1750 OCEAN SHORE BLVD
Suite, Apt. #, etc.

City & State
ORMOND BEACH FL

City & State
ORMOND BEACH FL

4. FEI Number
01-0711731

Applied For
Not Applicable

Zip
32176

Country

Zip
32176

Country

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

6. Name and Address of Current Registered Agent

RUCKERT, RENEE
1744 OCEAN SHORE BLVD
ORMOND BEACH FL 32176

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 Renee A. Ruckert President
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-18-03

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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS RUCKERT, RENEE
CITY-ST-ZIP 113 ELLICOTT DRIVE
ORMOND BEACH FL 32176

TITLE ☐ Delete
NAME D
STREET ADDRESS RUCKERT, DANIEL K
CITY-ST-ZIP 113 ELLICOTT DRIVE
ORMOND BEACH FL 32176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 103 ELLICOTT DRIVE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 103 ELLICOTT DRIVE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 empowerings.

SIGNATURE:

Renee A. Ruckert President
SIGNEE A. RUCKERT PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03

Date

(386)441-7677

Daytime Phone #

CR2E034 (10/02)