

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
17 Jul 25, 2003 8:00 am
Secretary of State
01-23-2003 90180 037 ***150.00

DOCUMENT # P02000067304

1. Entity Name
CATHI'S POOL SERVICE, INC.



Principal Place of Business
1579 STEFAN COLE LANE
APOPKA FL 32703

Mailing Address
1579 STEFAN COLE LANE
APOPKA FL 32703

00000000

2. Principal Place of Business

217 BRIARCLIFF DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LONGWOOD, FLORIDA

City & State

Zip

32779

Country

Zip

Country

4. FEI Number

04-3683463

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

GRUNWALD, KATHLEEN R

1579 STEFAN COLE LANE

APOPKA FL 32703

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> Delete
NAME	GRUNWALD, KATHLEEN R	
STREET ADDRESS	1579 STEFAN COLE LANE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *Kathleen R Grunwald* President

1/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (10/02)

Attachment

55052217
#P02000067304

LANNY HARTSFIELD, P. A.

CERTIFIED PUBLIC ACCOUNTANT

195 S. WESTMONTE DRIVE, SUITE K

ALTAMONTE SPRINGS, FLORIDA 32714

July 23, 2003

TELEPHONE (407) 862-1919

FACSIMILE (407) 862-5045

Florida Department of State
PO Box 1500
Tallahassee, FL 32302-1500

Re: P02000067304

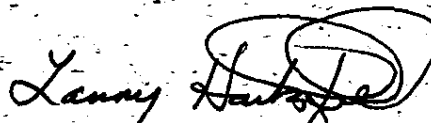
Cathi's Pool Service, Inc.

Dear sirs:

The client had previously mailed a copy of your letter dated 1/28/2003 with the requested information in the first week of February 2003.

A copy of your original letter and the Uniform Business report that was sent are enclosed with this letter. If any additional information is needed, please let us know to process the report.

Sincerely,


Lanny Hartsfield, CPA

Enclosures