

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-13-2003 90049 045 ***150.00

DOCUMENT # P02000069283

1. Entity Name
POOLS & SCREENS, INC.Principal Place of Business
56 CRAYCROFT AVE
DEBARY FL 32713Mailing Address
56 CRAYCROFT AVE
DEBARY FL 32713

55003753



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35 - 2174257

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

DEHNER, HOWARD
56 CRAYCROFT AVE
DEBARY FL 32713

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	PRES. / DIRECTOR	<input type="checkbox"/> Delete
NAME	HOWARD DEHNER	
STREET ADDRESS	56 CRAYCROFT AV.	
CITY-ST-ZIP	DEBARY, FL. 32713	

TITLE	VICE PRES. / DIRECTOR	<input type="checkbox"/> Delete
NAME	FRANK FRIEZ	
STREET ADDRESS	3091 KEYPORT	
CITY-ST-ZIP	DELTONA, FL. 32738	

TITLE	SEC. / DIRECTOR	<input type="checkbox"/> Delete
NAME	HOWARD DEHNER	
STREET ADDRESS	56 CRAYCROFT	
CITY-ST-ZIP	DEBARY, FL. 32713	

TITLE	TRES. / DIRECTOR	<input type="checkbox"/> Delete
NAME	FRANK FRIEZ	
STREET ADDRESS	3091 KEYPORT	
CITY-ST-ZIP	DELTONA, FL. 32738	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
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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:

SIGNATURE REQUIRED

DEHNER 1-9-03 386-668-7630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)