2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000071550

1. Entity Name

Principal Place of Business

660 ARAPAHO TRAIL MAITLAND FL 32751

1713 ACME STREET

ORLANDO FL 32805

A BABY GUARD OF CENTRAL FLORIDA, INC.



Mailing Address

660 ARAPAHO TRAIL MAITLAND FL 32751

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4
Zip Country	Zip Country	

May 01, 2003 8:00 am Secretary of State

05-01-2003 90386 050 ***150.00



CHECK HERE IF MAKING CHANGES

, FEI Number 07-0465086

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent RICKARD, JAMES R

Name

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

City

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

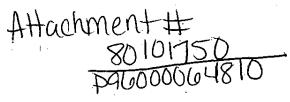
9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition ☐ Delete TITLE NAME RICKARD, JAMES R NAME 660 ARAPAHO TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIE MAITLAND FL 32751 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition RICKARD, REGINA C NAME STREET ADDRESS 660 ARAPAHO TRAIL STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empo

SIGNATURE:



2002 PROFIT & LOSS STATEMENT

THE POOL DOCTOR, INC 1545 ANTOINETTE CT OVIEDO FL 32765

EIN - 59-3393921

GROSS RECEIPTS	73200
COST OF GOODS	14946
GROSS RECEIPTS	58254
ADVERTISING	235
BANK CHARGES	208
INSURANCE	1338
OFFICE SUPPLIES & EXPENSES	882
PROFESSIONAL FEES	200
TELEPHONE	967
UNIFORMS	380
TOLLS	149
TRUCK EXPENSES 9	
	14170

GROSS RECEIPTS 58254 TOTAL EXPENSES 14170

ORDINARY INCOME 44084