

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90386 050 ***150.00

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DOCUMENT # P02000071550

1. Entity Name
A BABY GUARD OF CENTRAL FLORIDA, INC.



Principal Place of Business
**1713 ACME STREET
ORLANDO FL 32805**

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

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0465086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICKARD, JAMES R
660 ARAPAHO TRAIL
MAITLAND FL 32751**

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 ☐ Delete
NAME **P RICKARD, JAMES R**
STREET ADDRESS **660 ARAPAHO TRAIL**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
NAME **V RICKARD, REGINA C**
STREET ADDRESS **660 ARAPAHO TRAIL**
CITY-ST-ZIP **MAITLAND FL 32751**

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
STREET ADDRESS
CITY-ST-ZIP

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

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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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03
Date

407-522-8555
Daytime Phone #

CR2E034 (10/02)

Attachment #

80101750

96000064810

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	9811

14170

GROSS RECEIPTS	58254
TOTAL EXPENSES	14170

ORDINARY INCOME 44084