

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90255 038 ***150.00

DOCUMENT # P02000074498

1. Entity Name
MY POOL LEAKS INC.



Principal Place of Business
**1509 EAST RIVER DRIVE
MARGATE FL 33063**

Mailing Address
**1509 EAST RIVER DRIVE
MARGATE FL 33063**



2. Principal Place of Business
1509 EAST RIVER DR.

3. Mailing Address
1509 E RIVER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MARGATE, FL

City & State
MARGATE, FL

4. FEI Number
04-3701614

Applied For
☐ Not Applicable

Zip Country
33063 USA

Zip Country
33063 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RELLEIN, CHARLES
1509 EAST RIVER DRIVE
MARGATE FL 33063**

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 *Charles L. Rellein*

4-5-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	RELLEIN, CHARLES	
STREET ADDRESS	1509 EAST RIVER DRIVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	RELLEIN, CHARLES	
STREET ADDRESS	1509 EAST RIVER DRIVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE *Charles L. Rellein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-03 954 917-7090

CR2E034 (10/02)