


Amend

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000083988	
1. Entity Name Caretaker's Complete Pool Service, Inc.	

FILED

03 NOV 19 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2603 Southpointe Ct. Suite, Apt. #, etc.	3. Mailing Address 2603 Southpointe Ct. Suite, Apt. #, etc. B
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City & State Kissimmee, FL	City & State Kissimmee, FL	4. FEI Number 550790217	Applied For Not Applicable
Zip 34746	Country USA	Zip 34746	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Business Filings Inc.	
	Street Address (P.O. Box Number is Not Acceptable) 6660 East Jefferson St.	
	City Tallahassee	Zip Code FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Daniel A. Flood 2603 Southpointe Ct. Kissimmee, FL 34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800024853598 11/19/03--01029--025 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Stephanie Flood 2603 Southpointe Ct. Kissimmee, FL 34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Stephanie Flood Stephanie Flood 11/10/03 (407)931-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)