

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90188 012 \*\*\*150.00

**DOCUMENT # P02000096370**

1. Entity Name

FLORIDA'S FINEST POOL SERVICE, INC.



Principal Place of Business

22006 YACHTCLUB TERRACE

LAND O' LAKES FL 34639

Mailing Address

22006 YACHTCLUB TERRACE

LAND O' LAKES FL 34639

2. Principal Place of Business

22006 Yachtclub Ter

Suite, Apt. #, etc.

3. Mailing Address

22006 Yachtclub Ter

Suite, Apt. #, etc.

City & State

Land O' Lakes, FL

City & State

Land O' Lakes, FL

Zip

34639

Country

PASCO

Zip

34639

Country

PASCO

4. FEI Number

04-371683

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

THOMOPALOS, STEVEN P

22006 YACHTCLUB TERRACE

LAND O' LAKES FL 34639

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.

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**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME THOMOPALOS, STEVEN P  
STREET ADDRESS 22006 YACHTCLUB TERRACE  
CITY-ST-ZIP LAND O' LAKES FL 34639

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD  
NAME THOMOPALOS, VAL  
STREET ADDRESS 22006 YACHTCLUB TER.  
CITY-ST-ZIP LAND O' LAKES, FL 34639

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change

☐ Addition

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:

STEVEN THOMOPALOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/03 813-929-0478

Date

Daytime Phone #

CR2E034 (10/02)