

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90254 018 \*\*\*150.00

**DOCUMENT #** P02000104534

**1. Entity Name**  
ENVIROCARE POOL SOLUTIONS, INC.



**Principal Place of Business**  
620 SE 13TH STREET  
CAPE CORAL FL 33990

**Mailing Address**  
620 SE 13TH STREET  
CAPE CORAL FL 33990



**2. Principal Place of Business**

14531 Daffodil Dr  
Suite, Apt. #, etc. 1606

**City & State**

Fort Myers FL

**Zip**  
33919

**Country**  
US

**3. Mailing Address**

14531 Daffodil Dr  
Suite, Apt. #, etc. Unit 1606

**City & State**

Fort Myers FL

**Zip**  
33919

**Country**  
US

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

54-2076598

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

NICHOLS, JAMES LARRY  
8191 COLLEGE PARKWAY, SUITE 204  
FORT MYERS FL 33919

**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**

<b>TITLE</b>	D	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	FAY, CHRISTOPHER A	
<b>STREET ADDRESS</b>	620 SE 13TH STREET	
<b>CITY-ST-ZIP</b>	CAPE CORAL FL 33990	
<b>TITLE</b>	D	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	FAY, MELISSA A	
<b>STREET ADDRESS</b>	620 SE 13TH STREET	
<b>CITY-ST-ZIP</b>	CAPE CORAL FL 33990	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	BELL, JOHN O	
<b>STREET ADDRESS</b>	14531 DAFFODILL DRIVE #1606	
<b>CITY-ST-ZIP</b>	FORT MYERS FL 33919	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

2/11/03 239229838

CR2E034 (10/02)