

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90067 041 ***150.00

DOCUMENT # P02000127594

1. Entity Name
ALLEN'S POOL REPAIR, INC.



Principal Place of Business
**5541 SE GRAFTON AVE.
STUART FL 34997
US**

Mailing Address
**5541 SE GRAFTON AVE.
STUART FL 34997
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-1453762

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

**SCHROEDER, ALLEN K
5541 SE GRAFTON AVE.
STUART FL 34997**

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 \$550.00

**After September 10, 2003 Fee will be \$750.00
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 **P** ☐ Delete
NAME **SCHROEDER, ALLEN K**
STREET ADDRESS **5541 SE GRAFTON AVE.**
CITY-ST-ZIP **STUART FL 34997**

TITLE **VP** ☐ Delete
NAME **SCHROEDER, GEORGIA C**
STREET ADDRESS **5541 SE GRAFTON AVE.**
CITY-ST-ZIP **STUART FL 34997**

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

TITLE ☐ Change ☐ Addition
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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)(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
SCHROEDER

9/6/03

772-45-1884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80140510
#PD2000122594

Allen's Pool Repair, Inc.

5541 S.E. Grafton Ave.

Stuart, FL 34997

(772) 215 - 1884

CPC 056806

September 8, 2003

Uniform Business Report

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Div. of Corp.

I incorporated my business on December 4, 2002. In June, I believe, I received a second notice that my Uniform Business Report was late and I had to pay a penalty fee for filing late. I never received the initial copy of the UBR. I called your office and was told to write a letter explaining my situation and ask that the penalty fee be waived. As I did not receive the first copy of the UBR, please accept this request to have the penalty fee waived and process my UBR.

Thank you,



Allen K. Schroeder
President