

FILED
Aug 05, 2003 8:00 am
Secretary of State

05-02-2003 90223 006 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000129366

1. Entity Name
POOL BARRIER OF CENTRAL FLORIDA, INC.

Principal Place of Business
560 MOURNING DOVE CIRCLE
LAKE MARY, FL 32746

Mailing Address
560 MOURNING DOVE CIRCLE
LAKE MARY, FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, FRANK D
560 MOURNING DOVE CIRCLE
LAKE MARY, FL 32746

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, signed as principal owner of designated agent and fee if applicable.

(NOTE: Registered Agent Signature required when changing)

Date

9. Election Campaign Financing
Trust Fund Contributions ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ANDERSON, FRANK D
STREET ADDRESS 560 MOURNING DOVE CIRCLE
CITY-STATE-ZIP LAKE MARY, FL 32746 ☐ Delete

TITLE STD
NAME ANDERSON, LINDA S
STREET ADDRESS 560 MOURNING DOVE CIRCLE
CITY-STATE-ZIP LAKE MARY, FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ 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)(1), 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 filers empowered.

SIGNATURE:

Frank D Anderson President 407-688-8757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

CR2E034 (10/02)


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

0009639
AV

DOCUMENT # **P02000129366**

1. Entity Name
POOL BARRIER OF CENTRAL FLORIDA, INC.



Principal Place of Business
560 MOURNING DOVE CIRCLE
LAKE MARY FL 32746

Mailing Address
560 MOURNING DOVE CIRCLE
LAKE MARY FL 32746

55053385

[REDACTED]

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ANDERSON, FRANK D
560 MOURNING DOVE CIRCLE
LAKE MARY FL 32746

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ANDERSON, FRANK D	560 MOURNING DOVE CIRCLE	LAKE MARY FL 32746	<input type="checkbox"/>
STD	ANDERSON, LINDA S	560 MOURNING DOVE CIRCLE	LAKE MARY FL 32746	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 # _____

CR2E034 (4/03)

Attachment #

RICHARD A. SPAHN & ASSOCIATES, P.A.
ACCOUNTING AND TAX CONSULTANTS

Richard A. Spahn & Associates, P.A.
Accounting and Tax Consultants
6752 Pines Blvd
Pembroke, Pines, FL 33024

PROFESSIONAL BUILDING
3442 S.E. LAKE WEIR ROAD
SUITE B
OCALA, FLORIDA 34471
PHONE: (352) 732-2104
FAX: (352) 671-5373

55053385
PO2000129366

JULY 31, 2003

FLORIDA DEPARTMENT OF STATE

DEAR MADAM/SIR:

RE: POOL BARRIER OF
CENTRAL FLORIDA, INC.
EIN - 38-3666876

PLEASE BE ADVISED THAT THE EIN OF THE CORPORATION IS -
38-3666876

THE FORM SS-4 IS ENCLOSED.

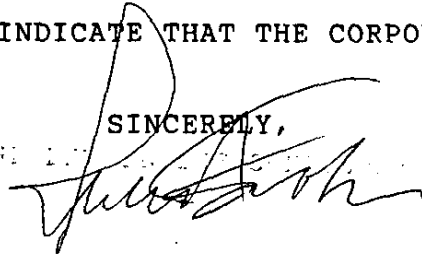
IN ACCORDANCE WITH THE CONVERSATION BETWEEN YOUR
OFFICE AND MYSELF TODAY, AUGUST 4th, IT SEEMS THAT THE CHECK
HAS BEEN RECEIVED BY YOUR OFFICE, HOWEVER, THE CORPORATION WAS
NOT DEEMED ACTIVE UNTIL THE EIN WAS RECEIVED BY YOUR OFFICE.

I AM RETURNING YOUR FORMS INDICATING THAT FILING WAS
NEVER DONE AND THAT THE FILING SHOULD BE DONE IMMEDIATELY TO
PREVENT ADDITIONAL PENALTIES.

THE TAXPAYER NEVER RECEIVED YOUR MAILING OF MAY 15th,
REQUESTING AN EIN OF THE CORPORATION.

PLEASE ACKNOWLEDGE AND INDICATE THAT THE CORPORATION
IS ACTIVE AND CURRENT.

SINCERELY,



DEC-19-2022 10:39

FROM: ALL FL R. SPAIN & DRISCOLL WITH FRA

Attachment # 38-3666876 P.01/01

Form SS-4

Rev. December 2007
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.
See separate instructions for each type. Keep a copy for your records.

OMB No. 1545-0047

38-3666876
55053385
P02000129366

03-22-24 10:06:54

1. Name of entity (or individual) for whom EIN is being requested
LIFESAVER # VOLUNTAS, INC.

2. Trade name of business (if different from name on line 1)
500 MOURNING LOVE CIRCLE

3. Employer, Trade, or Name
LAKE MARY FLORIDA 32746

4. Mailing Address (street, apartment, suite number, and city, state, and ZIP Code)
LAKE MARY FLORIDA 32746

5. Business Address (if different from mailing address) (do not enter a P.O. box)
SEMINOLE FLORIDA

6. Name of individual owner, partner, officer, manager, or trustee
FRANK DAVIS ANDERSON

7. EIN of owner, partner, officer, manager, or trustee
33-66-2939

8a. Type of entity (check only one box)
☐ Sole proprietor (SSN)
☒ Partnership
☐ Corporation (enter tax number in line 11)
☐ Personal service corporation
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify)
☐ Other (specify)

8b. EIN of owner, partner, officer, manager, or trustee
1170-S

9. Reason for applying (check only one box)
☒ Starting new business (specify type)
☐ Changed type of organization (specify new type)
☐ Purchased going business
☐ Created a new business (specify type)
☐ Other (specify)

10. Date business started or acquired (month, day, year)
01-01-02

11. Closing month of accounting year
DECEMBER

12. First date wages or annuities were paid or will be paid (month, day, year). Note: If the applicant is a withholding agent, enter date income will first be paid in accordance with the law.
01-01-02

13. Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the next 12 months, enter 0.
0

14. Check one box that best describes the principal activity of your business.
☒ Construction
☐ Retail or wholesale trade
☐ Manufacturing
☐ Rental and leasing
☐ Transportation and warehousing
☐ Health care and social assistance
☐ Accommodation and food service
☐ Other (specify)

15. Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
SWIMMING POOL FENCE SURROUNDING POOL

16a. Has the applicant ever applied for an employer identification number for this or any other business?
☐ Yes ☒ No

16b. If you checked "Yes" on line 16a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above.
Legal name: _____
Trade name: _____

16c. Approximate date when, and city and state where, the applicant was filed. Enter previous employer identification number if known.
Approximate date when filed (month, day, year): _____
City and state where filed: _____
Previous EIN: _____

12/14/02

Third Party Designee
Name: **RICHARD A SPAIN**
Address and ZIP Code: **8447 S.E. LAKE LOUIE RD OCEALA FL 32471**
Signature: **FRANK DAVIS**
Title: **PRESIDENT**
Date: **12/07/02**

Signature: **AS**
Date: **12/07/02**

SSA For Privacy and Paperwork Reduction Act Notice, see separate instructions.

TOTAL P.01

Attachment #

511

55053385
PO2000129366

ALL FLORIDA GROUP OF ASSOC INC
954-430-7875
8752 HOLLYWOOD BLVD
PEMBROKE PINES, FL 33024

187

63-007879

04/28/03

DATE

PAY
TO THE
ORDER OF

DEPARTMENT OF STATE

\$ 150⁰⁰

One Hundred Fifty and No/100

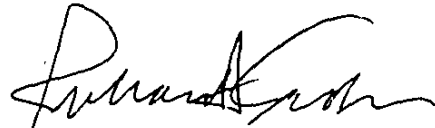
DOLLARS

SUNTRUST BANK, SOUTH FLORIDA
PEMBROKE PINES, FL

Pay to the order of Central Florida Inc

FOR

PO2000129366



⑈000187⑈ ⑆067006076⑆0614000456878⑈