

Amishon
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P03000138722**

1. Entity Name

RDR POOLS, INC.

FILED

04 OCT 18 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

000041937440

10/18/04--01060--001 **\$61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9710 THANKSGIVING DR.

Suite, Apt. #, etc.

3. Mailing Address

9710 THANKSGIVING DR.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33157

Country

UNITED STATES

City & State

MIAMI, FL.

Zip

33157

Country

UNITED STATES

4. FEI Number

54-2137567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD BRODHEAD

Street Address (P.O. Box Number is Not Acceptable)

9710 THANKSGIVING DR.

City

MIAMI

FL

Zip Code

33157

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE **RICHARD BRODHEAD - PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/8/04

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	RICHARD BRODHEAD	9710 THANKSGIVING DR.	MIAMI, FL. 33157				
SECRETARY	GABRIEL NEGRON	10820 SW 200 DR. APT 125	MIAMI, FL. 33157				
	DAWN BRODHEAD	TREASURER	9710 THANKSGIVING DR.				
			MIAMI, FL. 33157				

**DO NOT WRITE
IN THIS SPACE**

10/18/04

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICHARD BRODHEAD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/04

Date

305 586 0674

Daytime Phone #

CR2E034B (12/01)