

P10000041131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

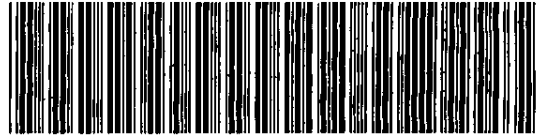
(Business Entity Name)

(Document Number)

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11 MAR -3 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
2-3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Greg Smarslok, Inc. dba Pools by Greg Smarslok
Name of Corporation

DOCUMENT NUMBER: P10000041131

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Smarslok
Name of Contact Person

Pools by Greg Smarslok
Firm/Company

157 Hampton Point Dr. Unit 4
Address

St. Augustine, FL 32092
City/State and Zip Code

poolsbygsgmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Smarslok at (904) 287-4945
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED
11 FEB 23 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2011

KATHY SMARSIOK
POOLS BY GREG SMARSIOK
157 HAMPTON POINT DR., UNIT 4
ST. AUGUSTINE, FL 32092

SUBJECT: GREG SMARSLOK, INC.
Ref. Number: P10000041131

We have received your document for GREG SMARSLOK, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The document must have original signatures.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 211A00004617

RECEIVED

11 MAR 22 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*So sorry. I realized that I forgot to
send check immediately after I dropped
the mailbox.*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Greg Smarslok, Inc.
2. The principal office address: 159 Worthington Pkwy. St. Johns, FL 32259
3. The mailing address (if different): 157 Hampton Point Dr. Unit 4
St. Augustine, FL 32092
4. Date of incorporation/qualification: file date 1/18/11 Document number: P10000041131
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company

1201 Hays St.

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Ansbacher & Schneider, P.A.

5150 Belfort Rd. Bldg. 100

P.O. Box NOT acceptable

Jacksonville, FL 32256

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties; and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

2/17/2011

Date

If signing on behalf of an entity:

Michael N. Schneider

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR -3 PM 2:36

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