

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90056 007 ***150.00

DOCUMENT # P92000002917

1. Entity Name

HUTCHINS & ANDRADE POOL SPECIALISTS, INC.

Principal Place of Business

**9704 KATY DRIVE
HUDSON FL 34667**

Mailing Address

**9704 KATY DRIVE
HUDSON FL 34667**

2. Principal Place of Business

3. Mailing Address

19064 BRUCE B DOWNS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

4. FEI Number

59-3149326

Applied For

Not Applicable

Zip

Country

Zip

Country

33647-2477

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUTCHINS, KENNETH W
9704 KATY DRIVE
HUDSON FL 34667**

Name

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

19064 BRUCE B DOWNS BLVD

City
HUDSON

FL

Zip Code
33647

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **HUTCHINS, KENNETH W**
STREET ADDRESS **9704 KATY DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE **DVP** ☐ Delete
NAME **ANDRADE, PAUL**
STREET ADDRESS **9704 KATY DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE **DVST** ☐ Delete
NAME **ANDRADE, ARNALDO**
STREET ADDRESS **9704 KATY DR.**
CITY-ST-ZIP **HUDSON F 34667**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

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

Arnaldo Andrade

1/21/02

(727) 869-4344

Date

Daytime Phone #

CR2E034 (9/01)