

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90057 048 ***150.00

DOCUMENT # P93000033908

1. Entity Name
SWIMMING POOLS BY IKE JR., INC.



Principal Place of Business
12201 NW 35TH ST
#102
CORAL SPRINGS FL 33065
US

Mailing Address
12201 N.W. 35TH ST.
#102
CORAL SPRINGS FL 33065
US

90015553



2. Principal Place of Business
3660 NW 126th AVENUE

3. Mailing Address
3660 NW 126th AVENUE

Suite, Apt. #, etc.
BAY #8

Suite, Apt. #, etc.
BAY #8

☐ CHECK HERE IF MAKING CHANGES

City & State
CORAL SPRINGS FLORIDA

City & State
CORAL SPRINGS FLORIDA

4. FEI Number
65-0411352

Applied For
Not Applicable

Zip
33065

Country
USA

Zip
33065

Country
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

EIKEVIK, BJARNE JR
12022 NW 49TH DR.
CORAL SPRINGS FL 33076

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
EIKEVIK, BJARNE JR
12022 NW 49TH DR
CORAL SPRINGS FL 33076

☐ Delete

TITLE
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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 (10/02)