

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-03-2003 90308 007 \*\*\*150.00

0410204 AV

**DOCUMENT # P93000070488**

1. Entity Name  
**MY POOL SERVICE, INC.**



Principal Place of Business  
**6213 LUANA COURT**  
**BOYNTON BEACH FL 33437-3226**  
**US**

Mailing Address  
**6213 LUANA COURT**  
**BOYNTON BEACH FL 33437-3226**  
**US**

2. Principal Place of Business

**5431 3RD ROAD**

3. Mailing Address

**5431 3RD ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKE WORTH, FL**

City & State

**LAKE WORTH, FL**

Zip

Country

**33467** **PALEM BEACH**

Zip

Country

**33467** **PALEM BEACH**

4. FEI Number **65-0454988**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.**

**3732 NW 16TH STREET**

**FT LAUDERDALE FL 33311**

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, 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  
**P**  
**ABELL, BRYAN** ☐ Delete  
**6213 LUANA CT**  
**BOYNTON BEACH FL 33437-3226**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Change** ☐ Addition  
**BRYAN, R ABELL**  
**5431 3RD ROAD**  
**LAKE WORTH, FL 33467**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP** ☐ Delete  
**ABELL, KELLY**  
**6213 LUANA CT**  
**BOYNTON BEACH FL 33437-3226**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Change** ☐ Addition  
**KELLY ABELL**  
**5431 3RD ROAD**  
**LAKE WORTH, FL 33467**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S** ☐ Delete  
**BASSETT, DAVID L**  
**22 VIA DE CASA NORTE**  
**BOYNTON BEACH FL 33426**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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)(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

**1/29/03**

Date

Daytime Phone #

CR2E034 (10/02)