

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90309 005 ***150.00

DOCUMENT # P93000081154

1. Entity Name

AA BETTER POOL SERVICE, INC.

Principal Place of Business

321 N CONGRESS AVE
 DELRAY BCH FL 33445
 US

Mailing Address

P O BOX 68
 JUPITER FL 33468
 US

2. Principal Place of Business

4300 S Federal Hwy, Suite 214
 Suite, Apt. #, etc.
 214

City & State

Jupiter, Florida

Zip

33477

Country

Delray Beach Co.

3. Mailing Address

4300 S. Federal Hwy.
 Suite, Apt. #, etc.
 Suite 214

City & State

Jupiter FL

Zip

33477

Country

Delray Beach Co



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3220862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

IVEY, RAYMOND M ESQUIRE
 2632 NW 43RD ST,
 SUITE A102
 GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Michael Helish

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

4555 Pinetree Drive (Pinetree)

City

Delray Beach, FL

FL

Zip Code

33445

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

Michael Helish

Corporate President (New Agent)

04/15/01

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HELISH, MICHAEL	
STREET ADDRESS	4555 PINETREE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HELISH, LIGIA	
STREET ADDRESS	4555 PINETREE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	NICHOLSEN, NICK	
STREET ADDRESS	4090 PALO VERDE DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Helish Corporate President

04/15/01

(561) 776-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)