

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-03-2003 90075 045 ***150.00

DOCUMENT # P94000014021

1. Entity Name
G & S POOL SERVICE, INC.



Principal Place of Business
**4023 NW 1 ST PLACE
DEERFIELD BEACH FL 33442**

Mailing Address
**4023 NW 1 ST PLACE
DEERFIELD BEACH FL 33442**

90016456



2. Principal Place of Business
3113 SE 10TH AVE.
Suite, Apt. #, etc.

3. Mailing Address
3113 SE 10TH AVE.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
CAPE CORAL FL

City & State
CAPE CORAL FL

4. FEI Number **65-0465814**

Applied For
Not Applicable

Zip Country
33904-2913 US

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33904-2913 US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHORZELEWSKI, STEVEN J.
4023 NW 1 ST PLACE
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name
CHORZELEWSKI, STEVEN J.
Street Address (P.O. Box Number is Not Acceptable)
3113 SE 10TH AVE.
City **CAPE CORAL** FL Zip Code **33904-2913**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CHORZELEWSKI, STEVEN J 4023 NW 1ST PLACE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CHORZELEWSKI, GEORGEANNE J 4023 NW 1ST PLACE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3113 SE 10TH AVE. CAPE CORAL FL 33904-2913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3113 SE 10TH AVE. CAPE CORAL FL 33904-2913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **STEVEN J. CHORZELEWSKI** 1/31/03 954-421-8394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)