

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90059 046 \*\*\*150.00

**DOCUMENT # P94000052552**

1. Entity Name

**CLARK'S POOL HEATING, INC.**

Principal Place of Business

**8710 SW 21ST  
 FORT LAUDERDALE FL 33324  
 US**

Mailing Address

**8710 SW 21 ST  
 FORT LAUDERDALE FL 33324  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0505487**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CLEAVES, DENNIS M. JR.  
 3055 BURRIS ROAD  
 FT. LAUDERDALE FL 33314**

*CHANGE OF  
 ADDRESS ONLY*

7. Name and Address of New Registered Agent

Name

**CLEAVES, DENNIS M. JR**

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

**8710 S-W-21 ST**

City

**FT. LAUD FL 33324**

**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.

SIGNATURE

*Dennis M. Cleaves Jr*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-1-00**

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, 2000 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** ☐ Delete  
 NAME **CLEAVES, DENNIS M JR.**  
 STREET ADDRESS **8710 SW 21 ST**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

TITLE **V** ☐ Delete  
 NAME **CLEAVES, MICHAEL**  
 STREET ADDRESS **5702 ITHACA CIR E**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **SD** ☐ Delete  
 NAME **CLEAVES, DENNIS III**  
 STREET ADDRESS **13097 HEATHER DR**  
 CITY-ST-ZIP **WATERFORD CA 95387**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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: *Dennis M. Cleaves Jr* **DENNIS M. CLEAVES JR**

**3-1-00**

**854-452-3008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)