

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071506

1. Entity Name

CUSTOM CARE POOL INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90116 007 ***150.00

Principal Place of Business

2520 N. C.R. 427
 STE. 132
 LONGWOOD FL 32750

Mailing Address

2520 N. C.R. 427
 STE. 132
 LONGWOOD FL 32750

2. Principal Place of Business

1635 Timocuan Way #123
 Suite, Apt. #, etc.
 123

3. Mailing Address

1635 Timocuan Way #123
 Suite, Apt. #, etc.
 123



DO NOT WRITE IN THIS SPACE

City & State

Longwood FLA

City & State

Longwood FLA.

4. FEI Number

59-3270137

Applied For

Not Applicable

Zip

32750

Country

Seminole

Zip

32750

Country

Seminole

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

GORDON, HARRY
 1041 WENTWORTH COURT
 LONGWOOD FL 32750

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.

SIGNATURE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GORDON, HARRY**
 STREET ADDRESS **1041 WENTWORTH CT**
 CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE **S** ☐ Delete
 NAME **GORDON, JACQUI**
 STREET ADDRESS **1041 WENTWORTH CT**
 CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE **VP** ☐ Delete
 NAME **KOCIOLEK, RONALD**
 STREET ADDRESS **1283 FOUNTAINHEAD**
 CITY-ST-ZIP **DELTONA FL 32725**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUI GORDON

5/1/00

407-260-1433

Date

Daytime Phone #

CR2E034 (9/99)