

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007630

1. Entity Name  
GUARANTEED POOL AND SPA, INC.

Principal Place of Business  
1127 RIDGEWOOD AVENUE  
HOLLY HILL FL 32117

Mailing Address  
1127 RIDGEWOOD AVENUE  
HOLLY HILL FL 32117

**FILED**  
**Aug 20, 2002 8:00 am**  
**Secretary of State**

08-20-2002 90127 009 \*\*\*150.00

B0134658



DO NOT WRITE IN THIS SPACE

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 59-3297216

Applied For

Not Applicable

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

CLARK, JOSEPH  
533 N. NOVA ROAD  
SUITE 115  
ORMOND BEACH FL 32174

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

(NOTE: Registered Agent signature required when reinstating)

8-14-02  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PV  
HAIGH, WESLEY C  
211 LINDA VISTA ST  
DEBARY FL 32713 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
BARCHARD, GRACE  
3054 BROOKFAIR CRESENT  
DAYTONA BEACH SHORES FL 32118 ☐ Delete

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

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

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 OF WESLEY C Haigh  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-02 386-228-9989  
Date Daytime Phone #

CR2E034 (4/02)

*Attachment*  
*#TP95000067630*

GUARANTEED POOL AND SPA, INC.  
2350 N. VOLUSIA AVENUE  
ORANGE CITY, FL. 32763

August 14, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

Re: FEIN# 59-3297216

Dear Sir or Madam,

Please accept our 2002 Uniform Business Report with our check in the amount of \$150.00. We did not receive the original renewal form for March. If you have any questions or need more information, please do not hesitate to contact me at 386-228-9988.

Sincerely,

*Davina Stamper*

Davina Stamper

Office Manager