

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064027

1. Entity Name

ROLAND POOL SERVICE, INC.

Principal Place of Business

401 MASSACHUSETTS AVE
PENSACOLA FL 32505

Mailing Address

401 MASSACHUSETTS AVE
PENSACOLA FL 32505

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 59-3332583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROLAND, TONY C
8868 SCENIC HILLS DR
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROLAND, TONY C 8868 SCENIC HILLS DR PENSACOLA FL 32514	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ABABON, HIRO 401 MASSACHUSETTS AVE PENSACOLA FL 32505	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROLAND, DONNA 8868 SCENIC HILLS DR PENSACOLA FL 32514	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUSHEY, MARK 8 KEY COURT PENSACOLA FL 32505	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, JEFFREY 1501 LANSING DR. #11 PENSACOLA FL 32504	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Haveard, Steven 6025 W. Nine Mile Rd. Pensacola, FL 32526	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TONY C ROLAND - PRESIDENT

1-15-01 8504367665

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90051 031 ***150.00

00026170



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)