

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080523

1. Entity Name

APOLLO POOL/SPA MAINTENANCE AND SERVICE INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State


04-25-2000 90091 004 ***150.00

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| Principal Place of Business <i>Address Change</i> 3120 MORRIS STREET NORTH ST PETERSBURG FL 33713 US | Mailing Address 3120 MORRIS STREET NORTH ST PETERSBURG FL 33713-2937 Maintenance and Service, Inc. P.O. Box 8838 Madera Beach FL 33738 |
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| 2. Principal Place of Business 19211A Whispering Pines Dr. Suite, Apt. #, etc. A | 3. Mailing Address P.O. Box 8838 Suite, Apt. #, etc. |
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|---------------------------------------|--------------------------------------|
| City & State Indian Shores Florida | City & State Madera Beach Florida |
| Zip 33785 | Country USA |
| Zip 33738 | Country USA |

00037534



DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3342102 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HULL KNIGHT, JOY 3120 MORRIS STREET NORTH ST PETERSBURG FL 33713 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HULL, JOY 3120 MORRIS STREET NORTH ST PETERSBURG FL 33713 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Joy Hull Knight* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Joy Hull Knight* **Date** *4/15/00* **Daytime Phone #** *727-895 0054*

CR2E034 (9/99)