

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087165

1. Entity Name

CERTIFIED POOL SERVICES, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90369 046 ***150.00

Principal Place of Business

500 BAYVIEW DR
#220

~~N MIAMI BCH FL 33160~~
US

Mailing Address

500 BAYVIEW DR
#220

~~N MIAMI BCH FL 33160~~
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNNY ISLES, FL

City & State
SUNNY ISLES, FL

4. FEI Number 65-0629278

Applied For
Not Applicable

Zip
33160

Country

Zip
33160

Country

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

KLEIN, ROBERT G. CPA

~~2000 S OCEAN BLVD~~

~~STE 205~~

~~BOCA RATON FL 33432~~

Name

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

11325 OHANU CIRCLE

City

BOYNTON BEACH, FL

FL

Zip Code

33437-7033

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS GOLD, LAURENCE M
CITY-ST-ZIP 500 BAYVIEW DR. #220
N MIAMI BEACH FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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
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
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:

Laurence M. Gold

LAURENCE M. GOLD PRES.

Date

4-19-01 305-354-7430

Daytime Phone #

CR2E034 (10/00)