

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014795

1. Entity Name

W & H POOL SERVICE, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90095 029 ***150.00

Principal Place of Business

1220 W DAUGHERTY RD
LAKELAND FL 33809

Mailing Address

1220 W DAUGHERTY RD
LAKELAND FL 33810-3293

2. Principal Place of Business

1220 W. Daugherty Rd.

3. Mailing Address

Po Box 90934

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LKLd. FL.

City & State
LKLd. FL.

Zip
33810

Country
USA

Zip
33804

Country
USA



DO NOT WRITE IN THIS SPACE

Corporate FEI # 59-3558790

4. FEI Number 59-1700005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ODELL, JEFF
208 HILLSIDE DR
LKLd FL 33803

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FERNANDES, RAYMOND D
5433 HILL DR
ZEPHYRHILLS FL 33541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
O'DELL, JEFF
208 HILLSIDE DR
LKLd FL 33802 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FERNANDES, JOHN F
208 HILLSIDE DR
LKLd FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-00 863-858-1770

CR2E034 (9/99)