

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014795

1. Entity Name
W & H POOL SERVICE, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90322 014 ***150.00

Principal Place of Business

1220 W DAUGHERTY RD
LAKELAND FL 33810

Mailing Address

P O BOX 90934
LAKELAND FL 33804

2. Principal Place of Business

1220 W. Daugherty Rd.
Suite, Apt. #, etc.
Lkld., Fl.
City & State

3. Mailing Address

PO BOX 90934
Suite, Apt. #, etc.
City & State
Lkld. Fl.



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country
33810 USA 33804 USA

4. FEI Number 59-3558790 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

O'DELL, JEFF
208 HILLSIDE DR
LAKELAND FL 33803

Name RAYMOND D. FERNANDES
Street Address (P.O. Box Number is Not Acceptable)
5433 HILL DRIVE
City ZEPHYRHILLS FL Zip Code 33540

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 *Raymond D. Fernandes* DATE 2/28/01
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDES, RAYMOND D 5433 HILL DR ZEPHYRHILLS FL 33541	<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	TS O'DELL, JEFF 208 HILLSIDE DR LKLD FL 33802	<input checked="" 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	TD FERNANDES, JOHN F 208 HILLSIDE DR LKLD FL 33803	<input checked="" 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
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
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

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: *Raymond D. Fernandes* DATE: 2-28-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 863-858-1770

CR2E034 (10/00)