2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State
01-24-2002 90361 022 ***150.00

DOCUMENT # P96000025331

1. Entity Name
T & T POOL FINISHERS, INC.

Principal Place of Business	Mailing Address
5007 20TH AVENUE SOUTH GULFPORT FL 33707	44655 CLAY GULLY ROAD MYAKKA CITY FL 34251

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
44655 Clay Gulley Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Myakka City FL	City & State:
Zip: 34251 Country: Manatee	Zip: Country:

4. FEI Number 59-3374333 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, JAIMIE
~~5007 20TH AVENUE SOUTH~~ 44655 Clay Gulley Rd.
~~GULFPORT FL 33707~~ Myakka City FL 34251

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 44655 Clay Gulley Rd.
City Myakka City FL Zip Code 34251

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. Address Change

SIGNATURE [signature] Jaimie Thompson 1-10-2002
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, 2002 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	DPV THOMPSON, JAIMIE R ~~10774 OAKDALE TERR.~~ ~~SEMINOLE FL 33772~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 44655 Clay Gulley Road Myakka City FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOWARD, WILLIAM L 6964 BUHRLEY TERR., NORTH ST. PETERSBURG FL 33772 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED [signature] Jaimie Thompson 1-10-2002 941 3228557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #