

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90127 022 ***150.00

DOCUMENT # P96000030857

1. Entity Name

GEORGE'S POOL CLEANING SERVICE, INC.

Principal Place of Business

**130 CLYDE AVENUE
LONGWOOD FL 32750**

Mailing Address

**130 CLYDE AVENUE
LONGWOOD FL 32713-4364**

2. Principal Place of Business

**104 Valleyview Rd
Suite, Apt. #, etc.
Debarry, FL 32713**

3. Mailing Address

**104 Valleyview Rd
Suite, Apt. #, etc.
Debarry, FL**



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

59-3377878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEALI, JENNIFER J
130 CLYDE AVENUE 104 Valleyview Rd.
LONGWOOD FL 32750 Debarry, FL 32713**

7. Name and Address of New Registered Agent

Name **Leali, Jennifer J.**
Street Address (P.O. Box Number is Not Acceptable)
104 Valleyview Rd
City **Debarry** **FL** Zip Code **32713**

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 **P** ☐ Delete
NAME **LEALI, GEORGE JR**
STREET ADDRESS **130 CLYDE AVENUE**
CITY-ST-ZIP **LONGWOOD FL 32750**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Leali, George Jr**
STREET ADDRESS **104 Valleyview Rd**
CITY-ST-ZIP **Debarry, FL 32713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Jennifer J. Leali
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 **4076686640**
Date Daytime Phone #

C:\FE034 19/99