

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90638 044 ***150.00

DOCUMENT # P96000035986

1. Entry Name

DUNEDIN POOL SERVICE, INC.

Principal Place of Business

1271 SAN CHRISTOPHER DRIVE
DUNEDIN FL 34698

Mailing Address

1271 SAN CHRISTOPHER DRIVE
DUNEDIN FL 34698

C0069507

2. Principal Place of Business

601 Patricia Ave

3. Mailing Address

601 Patricia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Dunedin, FLCity & State
Dunedin, FL

4. FBI Number 59-3378410

Applied For
Not ApplicableZip
34698Country
PinellasZip
34698Country
Pinellas5. 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

WELCH, CHAD C
1271 SAN CHRISTOPHER DRIVE
DUNEDIN FL 34698

Name

Street Address (P.O. Box Number is Not Acceptable)
601 Patricia AveCity
DunedinFL Zip Code
34698

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

Chad Welch, president Chad Welch

4-26-01

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 WELCH, CHAD C
CITY-STATE-ZIP 1271 SAN CHRISTOPHER DRIVE
DUNEDIN FL 34698

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 601 Patricia Ave
CITY-STATE-ZIP Dunedin, FL 34698

TITLE ☐ Delete
NAME D
STREET ADDRESS WELCH, COLE C
CITY-STATE-ZIP 1271 SAN CHRISTOPHER DRIVE
DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 601 Patricia Ave
CITY-STATE-ZIP Dunedin, FL 34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 this 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.

CR2E034 (10/00)