

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90246 038 ***150.00

DOCUMENT # P96000040787

1. Entity Name
AMERICAN POOLS OF ST. LUCIE, INC.



Principal Place of Business
**831 SW MCCOY AVE
PORT ST LUCIE FL 34953**

Mailing Address
**831 SW MCCOY AVE
PORT ST LUCIE FL 34953**



2. Principal Place of Business
6028 NW Winfield Dr.
Suite, Apt. #, etc.

3. Mailing Address
6028 NW Winfield Dr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Port St Lucie, FL
Zip
34986 Country
St. Lucie

City & State
Port St Lucie, FL
Zip
34986 Country
St. Lucie

4. FEI Number **65-0675473** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CSEAK, ROBERT
831 SW MCCOY AVE
PORT ST LUCIE FL 34953**

7. Name and Address of New Registered Agent

Name **Robert Cseak**
Street Address (P.O. Box Number is Not Acceptable)
6028 NW Winfield Dr.
City **Port St Lucie** **FL** Zip Code **34986**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Julie Cseak** **Office Clerk** **1/27/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	POD			
	CSEAK, ROBERT			
	831 SW MCCOY AVE.			
	PORT ST. LUCIE FL 34953			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	POD				
	Cseak, Robert				
	6028 NW Winfield Dr.				
	Port St Lucie, FL 34986				

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Julie Cseak** **1/27/03** **772-336-7120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #