

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90003 025 ***150.00

DOCUMENT # P96000045646

1. Entity Name
WESTON POOL SERVICE INC.

Principal Place of Business

Mailing Address

WRONG ADDRESS

**4251 SW 142 AVE.
 MIRAMAR FL 33027**

**4251 SW 142 AVE.
 MIRAMAR FL 33027**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4251 SW 139th Ave

4251 SW 139th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIRAMAR

FL

4. FEI Number **65-0784145**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33027

FL

33027

FL

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

**GALLEGO, MANUEL
 4251 SW 142 AVE.
 MIRAMAR FL 33027**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

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	P	<input type="checkbox"/> Delete
NAME	GAEBO, MANUEL	
STREET ADDRESS	4251 SW 142 AVE.	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
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: *Manuel Gallego*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **MANUEL GALLEGO** DIRECTOR

Date: **05/09/01** Daytime Phone #: **(954) 442-2642**

CR2E034 (10/00)