

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90199 017 \*\*\*150.00

**DOCUMENT # P96000046594**

1. Entity Name  
**SLEVIN POOLS, INC.**

Principal Place of Business

1106 EAST ANNIE STREET  
TAMPA FL 33612  
US

Mailing Address

1106 EAST ANNIE STREET  
TAMPA FL 33612

*change of address*

2. Principal Place of Business

131 Connie ave

Suite, Apt. #, etc.

3. Mailing Address

131 Connie ave

Suite, Apt. #, etc.

City & State

Tampa FL 33613

City & State

Tampa FL 33613

Zip

33613

Country

hillsborough

Zip

33613

Country

4. FEI Number 59-3385187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLEVIN, JAMES M

1106 EAST ANNIE STREET  
TAMPA FL 33612

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!!! 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	PTD	<input type="checkbox"/> Delete
NAME	SLEVIN, JAMES M	
STREET ADDRESS	1106 EAST ANNIE STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VS	<input type="checkbox"/> Delete
NAME	COMMANDER, RUSSELL	
STREET ADDRESS	1106 EAST ANNIE STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VS	<input type="checkbox"/> Delete
NAME	OCONNOR, MATTHEW J	
STREET ADDRESS	1106 E ANNIE STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president

Date

Daytime Phone #

4-26-01

CR2E034 (10/00)