

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90118 046 ***150.00

DOCUMENT # P96000049442

1. Entity Name

STELLA'S POOL SERVICE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9280 CARLYE AVE

3. Mailing Address
9720 PINES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SURFSIDE FL

City & State
PEMBROKE PINES, FL

4. FEI Number
65-0673254

Applied For
Not Applicable

Zip
33154

Country
US

Zip
33024-6228

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
EMILIO STELLA

Street Address (P.O. Box Number is Not Acceptable)
9280 CARLYE AVE

City
SURFSIDE FL Zip Code
33154

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
EMILIO STELLA
9280 CARLYE AVE
SURFSIDE, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
REBECCA STELLA
9280 CARLYE AVE
SURFSIDE, FL 33154

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Emilio Stella* EMILIO STELLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

Date

305-866-3206

Daytime Phone #

CR2E034B (12/02)