

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90148 034 ***158.75

DOCUMENT # **P96000051603**

1. Entity Name

POOLE CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11291 110th AVE. N.

Suite, Apt. #, etc.

3. Mailing Address

704 SEACREST DR. #1

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LARGO, FL

Zip

33778

Country

City & State

IMPERIAL BEACH, CA.

Zip

91932

Country

USA

4. FEI Number

59-3386773

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HARRY A. POOLE

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

11291 110th Ave N.

City

LARGO

FL

Zip Code

33778

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT HARRY A. POOLE, JR. 11291 110th Ave N LARGO, FL 33778
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IN THIS SPACE**

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

SIGNATURE:

HARRY A. POOLE, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

DATE

614-744-1334

Daytime Phone #

CR2E034B (12/01)