

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

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90474 016 ***158.75

DOCUMENT # **P96000056037**

1. Entity Name

ISLANDER POOL SERVICE INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10664 53RD N.

Suite, Apt. #, etc.

N/A

3. Mailing Address

10664 53RD N.

Suite, Apt. #, etc.

N/A

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL.

Zip

33708

Country

FLORIDA

City & State

ST. PETERSBURG, FL.

Zip

33708

Country

FLORIDA

4. FEI Number

59-3388479

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD W. McNALLY

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

10664 53RD N.

City

SAINT PETERSBURG FL

Zip Code

33708

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

SIGNATURE

Richard W. McNally

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

4/28/2005

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 **PRESIDENT**
NAME **RICHARD W. McNALLY**
STREET ADDRESS **10664 53RD N.**
CITY-ST-ZIP **ST. PETERSBURG, FL. 33708**

TITLE **VICE-PRESIDENT**
NAME **RICHARD W. McNALLY**
STREET ADDRESS **10664 53RD N.**
CITY-ST-ZIP **ST. PETERSBURG, FL. 33708**

TITLE **TREASURER**
NAME **RICHARD W. McNALLY**
STREET ADDRESS **10664 53RD N.**
CITY-ST-ZIP **ST. PETERSBURG, FL. 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: **Richard W. McNally** **Richard W. McNally** **4/28/2005** **727-393-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)