

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061676

1. Entity Name

KENNY POOLS, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90007 034 ***150.00

Principal Place of Business

Mailing Address

95 HIGHLAND AVENUE
 LARGO FL 34640

95 HIGHLAND AVENUE
 LARGO FL 33770-2508

2. Principal Place of Business

3. Mailing Address

4003 Brigadoon Cr
 Suite, Apt. #, etc.

4003 Brigadoon Circle
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3393425

Applied For

Not Applicable

Zip

Country

33759

Zip

Country

33759

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

LUECK, KENNETH W
 95 HIGHLAND AVENUE
 LARGO FL 34640

Name

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

4003 Brigadoon Circle

City

Clearwater

FL

Zip Code

33759

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, 2000 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 LUECK, KENNETH W
 95 HIGHLAND AVENUE
 LARGO FL 34640 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 4003 Brigadoon Circle
 Clearwater, FL 33759 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DST
 MAIER, LEWIS
 404 JEFFERSON ST.
 FRANKLIN SQUARE NY 11010 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Kenneth W. Lueck KENNETH W. LUECK, 3/20/00, (727) 7939101
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)