

DOCUMENT # P96000068326

1. Entity Name  
JIMMY'S POOL CONSTRUCTION, INC.

FILED  
Jan 09, 2001 8:00 am  
Secretary of State

01-09-2001 90009 015 \*\*\*150.00

Principal Place of Business  
109 BAYVIEW BLVD  
C  
OLDSMAR FL 34677

Mailing Address  
109 BAYVIEW BLVD  
C  
OLDSMAR FL 34677

changed

2. Principal Place of Business  
P.O. Box 150  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 150  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Oldsmar FL  
Zip  
34677  
Country  
US

City & State  
Oldsmar FL  
Zip  
34677  
Country  
US

4. FEI Number 59-3395044  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
LAPPERT, JAMES E III  
210 LEE STREET  
OLDSMAR FL 34677

7. Name and Address of New Registered Agent  
Name James LAPPERT  
Street Address (P.O. Box Number is Not Acceptable)  
210 Lee St  
City Oldsmar FL Zip Code 34677

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	
TITLE	P <input type="checkbox"/> Delete
NAME	LAPPERT, JAMES
STREET ADDRESS	210 LEE STREET
CITY-ST-ZIP	OLDSMAR FL 34677
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	
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 an other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/1/01 Daytime Phone # 727-410-5396

CR2E034 (10/00)