2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000070924



FILED Apr 21, 2003 8:00 am Secretary of State

1. Entity Name SIMPSON'S POOL SERVICE, INC.						0-	4-21-2003 90401	024 ***150.0	00	
Principal Plac POST OFFICE PINELLAS PA	BOX 1282	S	Mailing Address POST OFFICE BOX 120 PINELLAS PARK FL 33					11 114 1 114 1114 1114 1 1 114	11411 4481 1181	
2. Principal Place of Business 3.			3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		-	CHECK HERE IF MAI	KING CHANGES			
City & State		City & State			4. FEI Number	59-3410403	 	pplied For ot Applicable		
Zip		Country	Zip	Count	ry	5. Certificate of St	tatus Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					SIMPSON Bruce					
SIMPSON	, Bruce			ŀ	Street Address (P.O. Box Number is Not Acceptable)					
8837 92N	D STREET	NORTH		[•	101.1000010010)			
PALM HA	RBOR FL 3	4684			983-	7 92 Nd	street	Novet	h	
liji. Zamadija M				City Cemin		inole:		FL Zip Coo		
8. The above	named entity		for the purpose of changing	its registere	d office or registe	red agent, or both, in	the State of Florida. I	am familiar with,	and accept	
SIGNATURE										
. *.	* Signature, typed	or printed name of registered age	ent and title it applicable. (N	OTE: Registered	Agent signature require	d when reinstating)		ATE		
~·· F	HE NOW!	! FEE IS \$150.00				ľ			1	
Afte	r May 1, 200	3 Fee will be \$550.00			•		n Campaign Financing und Contribution,		May Be d to Fees	
Afte Make Checl	r May 1, 200	03 Fee will be \$550.00 Florida Department	of State			Trust Fu	and Contribution.	☐ Added	d to Fees	
Afte Make Check 10.	r May 1, 200 k Payable to	03 Fee will be \$550.00 Florida Department	of State D DIRECTORS	11.		Trust Fu		AND DIRECTOR	d to Fees	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.