

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092695

1. Entity Name

WEST COAST POOL SPECIALISTS, INC.

- Amended -

FILED

00 JUN-22 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9704 KATY DRIVE
HUDSON, FL 34667

Mailing Address

9704 KATY DRIVE
HUDSON, FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANDRADE, ARNALDO
9704 KATY DRIVE
HUDSON, FL 34667

Name

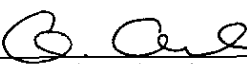
Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

ARNALDO ANDRADE

x 4-30-00

(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

D/P/VP/S
ANDRADE, ARNALDO
9704 KATY DRIVE
HUDSON, FL 34667

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
700003321467-0
-07/12/00-01088-006
*****61.25 *****61.25

TITLE
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STREET ADDRESS
CITY-ST-ZIP

AS
ANDRADE, PAUL C.
9704 KATY DRIVE
HUDSON, FL 34667

☐ Delete

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CITY-ST-ZIP

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T
HUTCHINS, KENNETH W.
9704 KATY DRIVE
HUDSON, FL 34667

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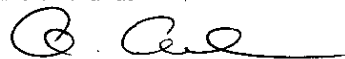
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TITLE
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CITY-ST-ZIP

☐ 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.

IRE: x



ARNALDO ANDRADE

x 4-30-00

Date

Daytime Phone #

(727) 869-4344

CR2E034 (9/99)