2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State
07-31-2001 90235 047 ***150.00

DOCUMENT # P97000009239

1. Entity Name
CHILD SAFE POOL FENCE OF ORLANDO, INC.

(LA)

Principal Place of Business	Mailing Address
2448 TURNBERRY DRIVE OVIEDO FL 32765	2448 TURNBERRY DRIVE OVIEDO FL 32765

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3424140 WRONG — ☐ Applied For ☐ Not Applicable

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
LADEN, RAND 2448 TURNBERRY DR OVEIDO FL 32765	Name: CORRECT FEI = 59-3424104 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After September 12, 2001 Fee will be $750.00
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	PD LADEN, RAND N 2448 TURNBERRY DRIVE OVIEDO FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LADEN, SUSAN D 2448 TURNBERRY DRIVE OVIEDO FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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: RANDREADEN PRESIDENT 7-9-01 407-366-7511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
#P970000923973954

TO: FL. DEPT. OF REVENUE, [redacted]

WE ARE ONLY PAYING $150.00
BECAUSE WE NEVER RECIEVED OUR
NOTIFACATION THIS YEAR! I WAS
TOLD BY ONE OF YOUR AGENTS
VIA PHONE THIS WAS O.K.

THE MIXUP MAY HAVE BEEN BECAUSE
WE CHANGED OUR NAME LAST YEAR
AND WERE ISSUED AN INCORRECT FEI#.

PLEASE CALL IF THERE ARE ANY
QUESTIONS OR YOU NEED TO DISCUSS.

WE PAY ALL OUR BILLS ON TIME AND
WOULD HAVE DONE SO HAD WE
RECIEVED NOTICE THIS YEAR AS WELL.

THANK YOU,

RAND LARSEN
PRESIDENT
CSPF, INC.