


FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90142 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

00010010

| | | | | | |
|---|--|---------|---|---|--|
| DOCUMENT # P97000018121 | | | |  | |
| 1. Entity Name STAR BRITE POOL SERVICE, INC. | | | | | |
| Principal Place of Business 4630 N UNIVERSITY 4020 CORAL SPRINGS, FL 33067 | | | Mailing Address 4630 N UNIVERSITY 4020 CORAL SPRINGS, FL 33067 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 65-0728051 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ESCHBACH, JAMES J 4166 NW 90TH AVENUE APT 105 CORAL SPRINGS, FL 33065 | | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| D ESCHBACH, JAMES J 4166 NW 90TH AVENUE 105 CORAL SPRING, FL 33065 | | | | | |
| Delete <input type="checkbox"/> | | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
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| Delete <input type="checkbox"/> | | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| 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 907, 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. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____ | | | | | |