

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

112

DOCUMENT # P97000019346

1. Entity Name

C.B. Pools & Spas, Inc.



FILED

03 MAY -5 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8201 Via Bella

3. Mailing Address

8201 Via Bella

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sanford, FL

City & State

Sanford, FL

4. FEI Number

59-3435082

Applied For

Not Applicable

Zip

32771

Country

U.S.A.

Zip

32771

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name William C. Malone -IV

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

827 Menendez Ct.

City

Orlando

FL

Zip Code

32801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Director  
Craig E. Bowles  
8201 Via Bella  
Sanford, FL 32771

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

900018021819  
05/05/03--01103--007 \*\*\*300.130

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Director  
Marcy D. Bowles  
8201 Via Bella  
Sanford, FL 32771

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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CITY - ST - ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/03

407 947 3427

CR2E034B (12/02)

2/2

April 17, 2003

Florida Department of State  
Attn: Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: CB Pools & Spas, Inc.  
Document #P97000019346

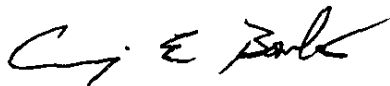
To Whom It May Concern:

Attached please find attached our "For Profit" Corporation Uniform Business Report (UBR) for the year 2003. We never received our report for the year 2002 and were just made aware, by our accountant, that our corporation is on inactive status with the Florida Department of State.

Please reinstate CB Pools & Spas, Inc. and accept our check (attached) in the amount of \$300.00 for the same.

If you have any questions, please do not hesitate to contact us immediately.

Sincerely,



Craig E. Bowles

/pfp  
Attachments