

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042744

1. Entity Name

ROBERT LEAR POOL SERVICE, INC.

FILED

Feb 04, 2000 8:00 am  
Secretary of State

02-04-2000 90038 043 \*\*\*150.00

Principal Place of Business

10250 SERENADE LANE  
WEST PALM BEACH FL 33411

8897 EL PASO  
LAKE WORTH  
FL 33467-1111

Mailing Address

8897 EL PASO DR  
LAKE WORTH 33467-1111  
US

2. Principal Place of Business

8897 El Paso Drive.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Zip

33467

Country

FL

Country

4. FEI Number

65-0753529

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

LEAR, ROBERT  
10250 SERENADE LANE  
WEST PALM BEACH FL 33411

Name

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

8897 EL PASO DR.

City

LAKE WORTH

FL

Zip Code

33467

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.

(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 ☐ Delete  
NAME D  
STREET ADDRESS LEAR, ROBERT  
CITY-ST-ZIP 8897 EL PASO DR  
LAKE WORTH FL 33467

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8897 EL PASO DR.  
CITY-ST-ZIP LAKE WORTH, FL 33467-1111

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Robert Lear

Date

Daytime Phone #