2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90025 014 ***150.00

714237

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000050766

Entity Name

CLEAR VIEW POOL SERVICE INC.

Principal Place of Business: 63RD WAY NORTH, CLEARWATER FL 33760

Mailing Address: 14783 63RD WAY NORTH, CLEARWATER FL 33760-2310, US

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

4. FEI Number 59-3234892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** *Additional* Fee Required

6. Name and Address of Current Registered Agent

DUFFETT, THEODORE
14783 63RD WAY NORTH
CLEARWATER FL 34620

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.

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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DUFFETT, THEODORE		NAME		
STREET ADDRESS	14783 63RD WAY NORTH		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Theodore E. Duffett 2/14/00 (727) 524-6814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #