

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90213 042 \*\*\*150.00

**DOCUMENT # P97000050992**

1. Entity Name

**T.C. POOL SERVICE, INC.**

Principal Place of Business

**13010 NW 1ST STREET  
APT 111  
PEMBROKE PINES FL 33028**

Mailing Address

**13010 NW 1ST STREET  
APT 111  
PEMBROKE PINES FL 33028**

2. Principal Place of Business

**6650 Cleveland St.**  
Suite, Apt. #, etc.

3. Mailing Address

**6650 Cleveland St.**  
Suite, Apt. #, etc.

City & State

**Hollywood FL**  
Zip **33004** Country **USA**

City & State

**Hollywood FL**  
Zip **33004** Country **USA**

4. FEI Number **65-0760344**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WISLICENY, RICHARD  
13010 NW 1ST STREET  
APT 111  
PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent

Name **Cecelia / Richard Wisliceny**  
Street Address (P.O. Box Number is Not Acceptable)  
**6650 Cleveland St.**  
City **Hollywood** **FL** Zip Code **33004**

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

**Cecelia C. Wisliceny**  
Signature, typed or printed name of registered agent and title if applicable.

**4/15/01**  
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, 2001 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

TITLE **DPS** ☐ Delete  
NAME **WISLICENY, RICHARD**  
STREET ADDRESS **13010 NW 1ST STREET APT 111**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **DVT** ☐ Delete  
NAME **WISLICENY, CECILIA**  
STREET ADDRESS **13010 NW 1ST STREET APT 111**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Richard Wisliceny - DPS** ☒ Change ☐ Addition  
NAME **6650 Cleveland St.**  
STREET ADDRESS **Hollywood, FL 33004**  
CITY-ST-ZIP

TITLE **DVT** ☒ Change ☐ Addition  
NAME **Cecelia Wisliceny**  
STREET ADDRESS **6650 Cleveland St.**  
CITY-ST-ZIP **Hollywood, FL 33004**

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

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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:**

**Cecelia C. Wisliceny**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)