

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081024

1. Entity Name

SHARPER IMAGE POOL SERVICE INC.

**FILED**  
Feb 26, 2000 8:00 am  
**Secretary of State**

02-26-2000 90025 032 \*\*\*150.00

Principal Place of Business

Mailing Address

4314 S. CAMERON AVE.  
TAMPA FL 33611

4314 S. CAMERON AVE.  
TAMPA FL 33611-1328

2. Principal Place of Business

3. Mailing Address

P.O. Box 130698

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TPA FL

4. FEI Number

59-3379170

Applied For

Not Applicable

Zip

Country

HILLS

Zip

33681

Country

HILLSBOROUGH

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

BAEZ, JUAN A  
JB TAX SERVICES  
4204 N. MARQUERITE  
TAMPA FL 33603

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  
NAME GORGEN, DAVID  
STREET ADDRESS 4314 S. CAMERON AVE.  
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE KERRY SMITH - VISE PRES. ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 4840 HERON POINT APT 901  
CITY-ST-ZIP TPA FL, 33616

TITLE V  
NAME HEAPE, ROBERT  
STREET ADDRESS 11310 LAUREL CREST LANE  
CITY-ST-ZIP TAMPA FL 33624 ☒ Delete

TITLE FRANKIE RIVERA - SECRETARY ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 4733 W. WATERS AVE  
CITY-ST-ZIP TPA FL, 33616 APT 1013

TITLE S  
NAME WILLIAMS, EDDIE  
STREET ADDRESS 4706 WYOMING  
CITY-ST-ZIP TAMPA FL 33616 ☐ Delete

TITLE SECRETARY ☐ Change ☒ Addition  
NAME SHANE SULLIVAN  
STREET ADDRESS 4704 WYOMING AVE  
CITY-ST-ZIP TPA FL 33616

TITLE S  
NAME FLORES, CARLOS  
STREET ADDRESS 3213 PRICE AVE  
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*David Gorgen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2000 (813)839-6333  
Date Daytime Phone #

CR2E034 (9/99)