

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90032 003 \*\*\*158.75

DOCUMENT # P97000081024



1. Entity Name  
SHARPER IMAGE POOL SERVICE INC.

Principal Place of Business  
4556 S. MANHATTAN AVE  
C  
TAMPA FL 33611

Mailing Address  
P.O. BOX 130698  
TAMPA FL 33681



2. Principal Place of Business  
1202 W. CARMEN ST  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 130698  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
TPA, FL

City & State  
TPA, FL

4. FEI Number 59-3463663

Applied For  
Not Applicable

Zip  
33606

Country

Zip  
33681-0698

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GORGEN, DAVID  
4556 S. MANHATTAN AVE  
SUITE C  
TAMPA FL 33611

Address  
change  
only

## 7. Name and Address of New Registered Agent

Name DAVID GORGEN  
Street Address (P.O. Box Number is Not Acceptable)  
1202 W. CARMEN ST  
City TPA FL Zip Code 33606

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 *David Gorgen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 P  
NAME GORGEN, DAVID  
STREET ADDRESS 4556 S. MANHATTAN AVE, SUITE C  
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE VP  
NAME SMITH, KERRY  
STREET ADDRESS P.O. BOX 130698  
CITY-ST-ZIP TAMPA FL 33681-0698 ☐ Delete

TITLE S  
NAME FLORES, CARLOS  
STREET ADDRESS P.O. BOX 130698  
CITY-ST-ZIP TAMPA FL 33681 ☐ Delete

TITLE S  
NAME RIVERA, FRANKIE  
STREET ADDRESS P.O. BOX 130698  
CITY-ST-ZIP TAMPA FL 33681 ☐ Delete

TITLE S  
NAME KOTTKE, RANDOLF  
STREET ADDRESS P O BOX 13115  
CITY-ST-ZIP TAMPA FL 33681 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE SECRETARY  
NAME SMITH, KERRY  
STREET ADDRESS P.O. BOX 130698  
CITY-ST-ZIP TPA FL 33681-0698 ☒ Change ☐ Addition

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

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

TITLE VICE PRES  
NAME KOTTKE, RANDOLF  
STREET ADDRESS P.O. BOX 130698  
CITY-ST-ZIP TPA FL 33681 ☒ Change ☐ Addition

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

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 Block 11 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

1-6-03

Date

(813) 839-6333  
(813) 918-5227

Daytime Phone #

CR2E034 (10/02)