

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104618

1. Entity Name

PARAMOUNT POOLS OF PINELLAS COUNTY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90288 013 ***150.00

Principal Place of Business

Mailing Address

10387 GANDY BLVD
STE 113
ST. PETERSBURG FL 33702

10387 GANDY BLVD
STE 113
ST. PETERSBURG FL 33742-2092

2. Principal Place of Business

3. Mailing Address

9026 OAK STREET N.E.
Suite, Apt. #, etc.

P.O. Box 22092
Suite, Apt. #, etc.

004088



DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG, FLORIDA

City & State
ST. PETERSBURG, FLORIDA

4. FEI Number 59-3479123

Applied For
☒ Not Applicable

Zip 33702 Country United States

Zip 33742 Country United States

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

ECKERT, GARY S
10387 GANDY BLVD. #101
ST. PETERSBURG FL 33702

Name
ECKERT, GARY S.
Street Address (P.O. Box Number is Not Acceptable)
9026 OAK STREET N.E.
City ST. PETERSBURG FL Zip Code 33702

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1-11-00

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 D
NAME ECKERT, GARY S
STREET ADDRESS 10387 GANDY BLVD. #101
CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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: *[Signature]* GARY S. ECKERT, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2000 (727) 577-2766
Date Daytime Phone #

CR2E034 (9/99)