

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105000

1. Entity Name

MICHAEL'S POOL SERVICE, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90034 010 \*\*\*150.00

Principal Place of Business

Mailing Address

3375 US HWY 98 SO BLDG C STE 5  
LAKELAND FL 33803

P.O. BOX 6644  
LAKELAND FL 33807-6644

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 **59-3484879**

Applied For

Not Applicable

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

GIESEL, MICHAEL E  
6852 CRESCENT OAKS CIRCLE  
LAKELAND FL 33813

Name **MICHAEL E. GIESEL**

Street Address (P.O. Box Number is Not Acceptable)

**135 Horizon Dr.**

City **Lakeland FL**

**FL**

Zip Code **33813**

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 *Michael E. Giesel*  
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 **D** ☐ Delete  
NAME **GIESEL, MICHAEL E**  
STREET ADDRESS **6852 CRESCENT OAKS CIRCLE**  
CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **D** ☒ Delete  
NAME **GIESEL, LISA E**  
STREET ADDRESS **6852 CRESCENT OAKS CIRCLE**  
CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 *Michael E. Giesel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-00**

Date

**863 648-4888**

Daytime Phone #

CR2E034 (9/99)