

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000002709**

1. Entity Name:

**POOLS & THINGS OF PASCO, INC.****FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90012 008 \*\*\*150.00

05/29/01

Principal Place of Business

**5912 7TH ST  
ZEPHYRHILLS FL 33540**

Mailing Address

**4815 E. BUSCH BLVD., SUITE 113  
TAMPA FL 33617****771793**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0802570**

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

**JANEZIC, JOSEPH A  
4815 E. BUSCH BLVD., SUITE 113  
TAMPA FL 33617**

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.

(NOT)

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!  
After MAY 1, 2001 Fee IS \$150.00  
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** ☐ Delete  
NAME **SUTHERLAND, JUDY**  
STREET ADDRESS **5912 7TH ST**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S** ☐ Delete  
NAME **SUTHERLAND, MARK**  
STREET ADDRESS **5912 7TH ST**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



Attachment  
# P21000002709  
**POOLS & THINGS** 771793  
"Our Reputation Sparkles"

- Pool & Spa Service
- Repair
- Supplies
- Accessories

5-24-01

Dear Sirs:

Please accept this \$150.00  
payment for 2001 UBR.

It was included in my  
T-1 return paper work (copies)  
from my accountant and I  
overlooked them until this date.

Sincerely,

Judith Johnson  
President