

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90093 002 \*\*\*158.75

905549



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000003342**

1. Entity Name

**CLEARWATER POOL & SPA, INC.**

Principal Place of Business

Mailing Address

**4410-6TH AVE. N.  
ST. PETERSBURG FL 33713**

**PO BOX 16632  
ST. PETERSBURG FL 33733-6632**

2. Principal Place of Business

3. Mailing Address

**28882 U.S. Hwy 19 N. Suite, Apt. #, etc.**

**28882 U.S. Hwy 19 N. Suite, Apt. #, etc.**

City & State

City & State

**Clearwater FL**

**Clearwater FL**

4. FEI Number

**65-0802243**

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

**FORD, HARVEY A.  
501 FIRST AVENUE NORTH, #1000  
ST. PETERSBURG FL 33701**

**CHOICE ED WILKINS**

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

**28882 U.S. Hwy 19 N.**

**Clearwater FL 33761**

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 **CHOICE ED WILKINS**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/18/00**

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	PD	<input type="checkbox"/> Delete
NAME	WILKINS, CHOICE E	
STREET ADDRESS	4410-6TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILKINS, ROSALIE	
STREET ADDRESS	4410-6TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CHOICE ED WILKINS** **ROSALIE WILKINS** **1/18/00** **727 712 3452**

CR2E034 (9/99)