

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91519 033 ***150.00

DOCUMENT #

1. Entity Name

798 0000 10332 ✓
 Florida Pebble Pool Interiors

Principal Place of Business

Mailing Address

1 John Anderson Dr #101 Ormond Beach 32176
 1 John Anderson Dr Ormond Bch 32176

2. Principal Place of Business

3. Mailing Address

50 AUDUBON LANE

50 AUDUBON LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLAGLER BEACH FL

City & State

FLAGLER BEACH FL

Zip 32136

Country

Zip

32136

Country

4. FEI Number

59 3488639

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

EDEN, JAMES C

60 AUDUBON LANE

FLAGLER BEACH FL 32136

Name

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

50 AUDUBON LANE

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/02

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, 2002 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 NAME PTD
 STREET ADDRESS EDEN, JAMES C
 CITY-ST-ZIP 7 WILDERNESS RUN
 FLAGLER BCH FL 32136 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS 50 AUDUBON LANE
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS 50 AUDUBON LANE
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
 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 #

4/20/02 (386) 445-5054

CR20021001