

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000013539**

1. Entity Name

Azure Pool & Spa Service, Inc.

Principal Place of Business

**8704 GRASSY ISLE TR
LAKE WORTH, FL 33467**

Mailing Address

**8704 GRASSY ISLE TR
LAKE WORTH, FL 33467**

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

65-0813314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MIKE HEFLEY
8704 GRASSY ISLE TR
LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent

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

(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, 2001 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

TITLE **MIKE HEFLEY - PRES.** ☐ Delete
NAME
STREET ADDRESS **8704 GRASSY ISLE TR**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME **700004733117--**
STREET ADDRESS
CITY-ST-ZIP **-12/19/01--01059--004**

*****150.00***** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Mike Hefley

MIKE HEFLEY

10/23/01 561-439-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Azure Pool & Spa Services, Inc.

8704 Grassy Isle Trail
Lake Worth, FL 33467

Phone 561-439-9555
Fax 561-439-9555

We never received the Uniform Business Report in the mail. Upon calling your office, we were directed to the Internet to download the form we needed and to send it in along with a letter of explanation.

I am enclosing the form along with a check for \$150. I am hoping I have everything filled out properly. If you have any questions or concerns, please do not hesitate to call 561-439-9555.

Thanks in advance,



Debbie Hefley
Azure Pool & Spa Service, Inc.

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