

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90263 014 ***150.00

DOCUMENT # P98000027863

1. Entity Name
BULLFROG POOLS AND DECKS, INC.

Principal Place of Business Mailing Address
7520 MALLARD STREET 7520 MALLARD STREET
PORT RICHEY FL 34654 PORT RICHEY FL 34654

2. Principal Place of Business 3. Mailing Address
4155 Cottontail Drive P O Box 104
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
New Port Richey, FL Port Richey, FL

Zip Country Zip Country
34653 Pasco 34673 Pasco

4. FEI Number **65-0818460** 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
ROBERSON, ROBERT D Name
7520 MALLARD STREET Street Address (P.O. Box Number is Not Acceptable)
PORT RICHEY FL 34654 **4155 Cottontail Drive**
New Port Richey, FL 34653
 City Zip Code
FL 34653

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: Robert D. Roberson *Robert D. Roberson* x 4-17-01
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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERSON, ROBERT D		NAME		
STREET ADDRESS	7520 MALLARD STREET		STREET ADDRESS	4155 Cottontail Dr.	
CITY-ST-ZIP	PORT RICHEY FL 34654		CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERSON, CHRISTA E		NAME		
STREET ADDRESS	7520 MALLARD STREET		STREET ADDRESS	4155 Cottontail Dr.	
CITY-ST-ZIP	PORT RICHEY FL 34654		CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Robert D. Roberson* x 1-31-01 ⁽⁷²⁷⁾ x 375-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)