

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027863

1. Entity Name  
BULLFROG POOLS AND DECKS, INC.

Principal Place of Business  
4155 COTTONTAIL DRIVE  
NEW PORT RICHEY FL 34653  
US

Mailing Address  
PO BOX 104  
PORT RICHEY FL 34673  
US

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

65-0818460

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  
4155 COTTONTAIL DRIVE  
NEW PORT RICHEY FL 34653

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, 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  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROBERSON, ROBERT D  
4155 COTTONTAIL DRIVE  
NEW PORT RICHEY FL 34653 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROBERSON, CHRISTA E  
4155 COTTONTAIL DRIVE  
NEW PORT RICHEY FL 34653 ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-29-02* *352 688 7881*  
Date

FILED

02 JUL 16 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

BullFrog Pools and Decks Inc.  
P.O. Box 104  
Port Richey, FL 34673

TO: Department of State

RE: UBR Form

On April 28, 2002 I mailed my form to the Department of state. I did not use the envelope provided and mistakenly addressed the envelope to the wrong government agency. On April 30 2002 I closed on a new house and moved to a new address. During the next few weeks my form was being processed in the wrong office. The mistake was finally caught and the form was returned. By the time the form was returned and sent through the mail forwarding process I did not receive the form back until the end of June. This is approximately the time I received my delinquent notice in the mail along with the return envelope. I have contacted the administration office and they instructed me to write this letter and submit my form. I hope this will be sufficient so that my form will be processed without the additional late charges.

Sincerely,

Robert Robinson