

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90714 021 ***158.75

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
9904 Little Rd.

3. Mailing Address
9904 Little Rd.

City & State
New Port Richey FL

City & State
New Port Richey, FL

Zip Country
34654 PASCO

Zip Country
34654 PASCO

4. FEI Number **65-0818460**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROBERSON, ROBERT D
4155 COTTONTAIL DRIVE
NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name **Robert D. Roberson**
Street Address (P.O. Box Number is Not Acceptable)
9904 Little Road
New Port Richey, FL 34654
City **New Port Richey** **FL** Zip Code **34654**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert Roberson**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

x 3/29/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9904 Little Road**
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **9904 Little Road**
CITY-ST-ZIP **New Port Richey, FL 34654**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Roberson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 (727) 861-2928
Date Daytime Phone #

CR2E034 (10/02)