

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90764 001 ***150.00
02-21-2003 90764 002 ***17.50

DOCUMENT # P98000029099

1. Entity Name
SPOTLESS POOL SERVICE, INC.



Principal Place of Business
7020 PARK ST
HOLLYWOOD FL 33024

Mailing Address
7020 PARK ST
HOLLYWOOD FL 33024

2. Principal Place of Business
7020 Park ST
Suite, Apt. #, etc.

3. Mailing Address
7020 Park ST
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Hollywood FL.
Zip **33024** **Country**

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Hollywood FL.
Zip **33024** **Country**

4. FEI Number **65-0822121**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONCADA, GLORIA
1965 NE 135 ST., #305
N. MIAMI FL 33181

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

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **MONCADA, GLORIA**
STREET ADDRESS **7020 PARK ST**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **V** ☐ Delete
NAME **PRIETO, HERNAN**
STREET ADDRESS **7020 PARK ST**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Moncada Gloria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.18.03

Date

Daytime Phone #

01/6/133 AV

CR2E034 (10/02)