

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034909

1. Entity Name

AAH COOL POOLS, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90167 036 ***150.00

Principal Place of Business

4440 NE 28TH TERR
LIGHTHOUSE POINT FL 33064

Mailing Address

4440 NE 28TH TERR
LIGHTHOUSE POINT FL 33064

C0006415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Aah Cool Pools, Inc.

3. Mailing Address

4440 N.E. 28th TERR.

Suite, Apt. #, etc.

2301 NE 16 St.

Suite, Apt. #, etc.

4440 N.E. 28th TERR.

City & State

Pompano Bch FL

City & State

Lighthouse Point FL

4. FEI Number

65-0846460

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VORDENBERG, ROBERT S
3907 N FEDERAL HIGHWAY
SUITE 121
POMPAHO BEACH FL 33064

7. Name and Address of New Registered Agent

Name Vordenberg Robert S.

Street Address (P.O. Box Number is Not Acceptable)

2301 NE 16 St.

City Pompano Bch

FL

Zip Code

33062

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 S Vordenberg

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

(NOTE: Registered Agent signature required when reinstating)

1/10/01

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 P
NAME VORDENBERG, ROBERT S
STREET ADDRESS 4440 N.E. 28 TERRACE
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
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 S Vordenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

Date

954-781-2900

Daytime Phone #

CR2E034 (10/00)