

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040242

1. Entity Name

CLEAR BLUE POOL SERVICES, INC.

Principal Place of Business

4528 S. DALE MABRY HWY.
TAMPA FL 33611

Mailing Address

P.O. BOX 19302
TAMPA FL 33686

2. Principal Place of Business

4528 S Dale Mabry

3. Mailing Address

Po Box 19302

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa FL

Tampa FL

City & State

33611

City & State

Tampa FL

Zip

Country

Hills

Zip

33611

Country

Hill

4. FEI Number

59-3508154

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEY, JAMES
3206 W. WALLACE AVENUE
TAMPA FL 33611

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.

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, 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 KEYS, RANDY
STREET ADDRESS 4007 IOWA ST
CITY-ST-ZIP TAMPA FL 33616 ☐ Delete

TITLE V
NAME KEYS, THOMAS
STREET ADDRESS 3206 VALLEY
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

TITLE VP
NAME James V Key
STREET ADDRESS 3206 Wallace Ave
CITY-ST-ZIP Tampa FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90002 013 ***150.00



DO NOT WRITE IN THIS SPACE

052378

CR2E034 (10/00)