

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055388

1. Entity Name

EARL'S POOL CLEANING SERVICE, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90177 006 \*\*\*150.00

Principal Place of Business

Mailing Address

~~800 MAIN ST. LOT 404~~  
~~DUNEDIN FL 34696~~

P.O. BOX 2457  
DUNEDIN FL 34697-2457

2. Principal Place of Business

3. Mailing Address

7110 Embassy Blvd  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Richey FL

4. FEI Number

59-3519343

Applied For

Not Applicable

Zip

Country

Zip

Country

34668

Pinellas

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

SQUIRES, EARL L  
800 MAIN ST. LOT 404  
DUNEDIN FL 34696

Name

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

7110 Embassy Blvd

City

Port Richey FL

FL

Zip Code

34668

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, 2000 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 PT  
NAME SQUIRES, EARL L  
STREET ADDRESS 800 MAIN ST LOT 404  
CITY-ST-ZIP DUNEDIN FL 34696 ☐ Delete

TITLE  
NAME 7110 Embassy Blvd  
STREET ADDRESS Port Richey FL 34668 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

Earl L. Squires

Earl L. Squires

1-20-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)