

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90173 016 \*\*\*150.00

**DOCUMENT #** P980000063348  
**1. Entity Name**  
DARREL'S POOL SERVICE INC.

**Principal Place of Business** 3919 SW 100th STREET  
GAINESVILLE, FL 32607

**2. Principal Place of Business** 3919 SW 100th St. Gainesville FL 32607  
 Suite, Apt. #, etc.

**3. Mailing Address** 3919 SW 100th St. Gainesville FL 32607  
 Suite, Apt. #, etc.

**City & State** Gainesville, FL  
**Zip** 32607 **Country** US

**4. FEI Number** 59-3533165  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
DARREL A. KIRKLAND  
3919 SW 100th STREET  
GAINESVILLE, FL 32607

**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.**  
**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☒ **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** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>JULIA C. KIRKLAND / Secretary</u>
STREET ADDRESS	<u>3919 SW 100th STREET</u>
CITY-ST-ZIP	<u>GAINESVILLE, FL 32607</u>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>DARREL A. KIRKLAND / President</u>
STREET ADDRESS	<u>3919 SW 100th St.</u>
CITY-ST-ZIP	<u>GAINESVILLE, FL 32607</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** Darrel A. Kirkland (P) Darrel Kirkland 4/21/01 (352) 332-8900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)