

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90077 001 \*\*\*150.00

**DOCUMENT # P98000068966**

1. Entity Name

**PARADISE POOLS SERVICE & EQUIPMENT INC.**

Principal Place of Business

**5251 ASHTON RD  
 SARASOTA FL 34233**

Mailing Address

**5251 ASHTON RD  
 SARASOTA FL 34233**

2. Principal Place of Business

**4475F, ASHTON RD.**

3. Mailing Address

**SAME**

City & State

**SARASOTA, FL.**

City & State

Zip

**34233**

Country

**USA**

Country

4. FEI Number

**65-0856051**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BEDARD, REGINALD  
 5737 WHISTLEWOOD CIRCLE  
 SARASOTA FL 34232**

7. Name and Address of New Registered Agent

**BEDARD, REGINALD**  
 Street Address (P.O. Box Number is Not Acceptable)

**6911-ASHTON ROAD**

City **SARASOTA**

**FL**

Zip Code **34242**

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]* **Reginald Bedard President 4-25-01**  
 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BEDARD, REGINALD</b>	
STREET ADDRESS	<b>5251 ASHTON RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BEDARD, MARJORIE A</b>	
STREET ADDRESS	<b>5251 ASHTON RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MACGREGOR, STEVE</b>	
STREET ADDRESS	<b>5251 ASHTON RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
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 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
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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: *[Signature]* **STEVE K. MAC GREGOR** **4-25-01** **941-926-9654**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0410244

CR2E034 (10/00)