

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90003 030 ***150.00

DOCUMENT # P98000075828

1. Entity Name

ELROD CUSTOM POOLS, INCORPORATED

Principal Place of Business

619 HAMPTON STREET
AUBURNDALE FL 33823

Mailing Address

619 HAMPTON STREET
AUBURNDALE FL 33850-0049

2. Principal Place of Business

214 W. POLK ST

3. Mailing Address

P O BOX 49

Suite, Apt. #, etc.

APT # 17

Suite, Apt. #, etc.

City & State

AUBURNDALE FL

City & State

LAKE ALFRED FL

Zip

33823

Country

USA

Zip

33850

Country

USA

4. FEI Number

59-3566078

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELROD, CHARLES GARY
619 HAMPTON STREET
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name ELROD, CHARLES GARY

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

214 W. POLK ST APT 17

City AUBURNDALE

FL

Zip Code 33823

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 Charles Gary Elrod

Chel S El

27 APR 2000

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELROD, CHARLES GARY	
STREET ADDRESS	619 HAMPTON STREET	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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		
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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:

Charles S El

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 APR 2000

Date

(863) 965-2521

Daytime Phone #

CR2E034 (9/99)