

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077258

1. Entity Name
KIRK'S POOL SERVICE INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90045 033 ***150.00

Principal Place of Business

1417 DEL PRADO BLVD. #480
CAPE CORAL FL 33990

Mailing Address

1417 DEL PRADO BLVD. #480
CAPE CORAL FL 33990

2. Principal Place of Business

4110 S.W. 17th PL.

3. Mailing Address

Suite, Apt. #, etc.

CAPE CORAL, FL.

City & State

City & State

Zip 33914

Country LEE

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3543022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEMPLIN, KIRK E
1417 DEL PRADO BLVD.
480
CAPE CORAL FL 33990

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 *Kirk E. Temple* KIRK E. TEMPLIN (OWNER)

2-14-01

(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 PD
NAME TEMPLIN, KIRK E
STREET ADDRESS 1417 DEL PRADO BLVD # 480
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Delete

TITLE STVD
NAME TEMPLIN, PATRICIA S
STREET ADDRESS 1417 DEL PRADO BLVD #480
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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: *Kirk E. Temple* KIRK E. TEMPLIN

Date

Daytime Phone #

2-14-01

941-945-7464

CR2E034 (10/00)

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