

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098241

1. Entity Name

STRASSER POOLS, SPAS & SUPPLIES, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90109 037 ***150.00

Principal Place of Business

N US HWY
ORMOND BEACH FL 32174

Mailing Address

1030 N US HWY 1
ORMOND BEACH FL 32174

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3543278

Applied For

Not Applicable

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

STRASSER, CHARLES
1030 N HWY 1
ORMOND BEACH FL 32174

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

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. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------|--------------------------|-----------------------|
| PD | STRASSER, CHARLES L | 1316 JOHN ANDERSON DRIVE | ORMOND BEACH FL 32176 |
| VD | BRYANT, DONALD | 265 WOOD HAVEN CIRCLE W | ORMOND BEACH FL 32174 |
| STD | BRYANT, LORI | 265 WOOD HAVEN CIRCLE W. | ORMOND BEACH FL 32174 |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01

386-673-5016

CR2E034 (10/00)