

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90204 022 \*\*\*150.00

DOCUMENT # P99000006520

1. Entity Name

CAMPBELL'S POOL SERVICE, INC.

Principal Place of Business

Mailing Address

1418 FAIRGREEN CIRCLE  
 WEST PALM BEACH FL 33417

1418 FAIRGREEN CIRCLE  
 WEST PALM BEACH FL 33417-5556

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2146177

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

WILKIE, ELLEN S  
 1418 FAIRGREEN CIRCLE  
 WEST PALM BEACH FL 33417

Name

Campbell, David P.

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

1418 Fairgreen Circle

City

West Palm Beach FL

Zip Code

33417

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. ☒  
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Campbell, Sandra L	
STREET ADDRESS	1418 Fairgreen Circle	
CITY-ST-ZIP	West Palm Beach FL 33417	
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	P / VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campbell, David P.	
STREET ADDRESS	1418 Fairgreen Circle	
CITY-ST-ZIP	West Palm Beach FL 33417	
TITLE	T.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilkie, Ellen S.	
STREET ADDRESS	1418 Fairgreen Circle	
CITY-ST-ZIP	West Palm Beach FL 33417	
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 561/687-7515

Date

Daytime Phone #

CR2E034 (9/99)