

2000 UNIFORM BUSINESS REPORT (UBR)

5/8

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-08-2000 90065 046 ***150.00

DOCUMENT # P99000009937

1. Entity Name

HIGH TECH POOLS AND SPAS INC.

Principal Place of Business

6617 BOYNTON BCH BLVD., SUITE 106
 BOYNTON BCH FL 33437

Mailing Address

6617 BOYNTON BCH BLVD., SUITE 106
 BOYNTON BCH FL 33437-3526

2. Principal Place of Business

6542 Hypoluxo Rd.
 Suite, Apt. #, etc.
 PMB 239
 City & State
 Lake Worth FL
 Zip
 33467
 Country
 US

3. Mailing Address

6542 Hypoluxo Rd.
 Suite, Apt. #, etc.
 PMB 239
 City & State
 Lake Worth FL
 Zip
 33467
 Country
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0885467

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

REEVES, TODD
 7560 LADSON TERR.
 LAKEWORTH FL 33467

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. ☐
 (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 NAME STREET ADDRESS CITY-ST-ZIP	President Todd C. Reeves 7560 Ladson Ter Lake Worth, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

425.00 561.966.7970

Date

Daytime Phone #

TODD REEVES PRESIDENT

CR2E034 (9/99)