

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012747

1. Entity Name

CHAMPION POOLS OF FLORIDA, INC.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90198 049 ***150.00

Principal Place of Business

1105 N.E. 17TH STREET
FT. LAUDERDALE FL 33305-3169

Mailing Address

1105 N.E. 17TH STREET
FT. LAUDERDALE FL 33305-3169

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 **59-2733399**

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

~~CARRIER, LEWIS W III
5801 NORTHWEST 87TH WAY
TAMARAC FL 33321~~

Name **DENNIS McDONALD / CHAMPION POOLS**
Street Address (P.O. Box Number is Not Acceptable)
1105 NE 17TH STREET
FT. LAUDERDALE, FLORIDA
City **FL** Zip Code **33305**

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, 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	D	<input type="checkbox"/> Delete
NAME	PARVU, DENNIS J	
STREET ADDRESS	1326 N.E. 15TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304-4811	
TITLE	D MC DONALD	<input type="checkbox"/> Delete
NAME	DONALD, DENNIS	
STREET ADDRESS	1105 NE 17TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305-3169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)