

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000022475** ✓

1. Entity Name

VETERAN POOL & SPA, INC.

Principal Place of Business

**7040 NW 21ST COURT
SUNRISE, FL 33313**

Mailing Address

**7040 NW 21ST COURT
SUNRISE, FL 33313**

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

65-0899909

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

**NELSON-OLIPHANT, DARLENE C.P.A.
2071 SW 70TH AVENUE, STE. G-8
DAVIE FL 33317**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addit
**P, T, D
MICHAEL DENSON
7040 NW 21ST COURT
SUNRISE, FL 33313**

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

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

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

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

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

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

Michael Denson

PRES.

4/28/00

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90049 041 ***150.00

00043369

DO NOT WRITE IN THIS SPACE