

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State
 04-10-2000 90113 043 ***150.00

DOCUMENT # P99000022599

1. Entity Name

WADING POOL CORPORATION

Principal Place of Business

Mailing Address

2555 ENTERPRISE ROAD #12D
 CLEARWATER FL 33763

2555 ENTERPRISE ROAD #12D
 CLEARWATER FL 33763-1160

2. Principal Place of Business

3. Mailing Address

1572 BASS BLVD

1572 BASS BL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DUNEDIN FL

City & State
DUNEDIN FL

Zip
34698

Country
US

Zip
34698

Country
US

4. FEI Number

59-3571041

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

WYLLIE, ALFRED A.
1572 BASS BLVD
DUNEDIN FL 34698

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

ALFRED A. WYLLIE, PRES.

4/4/00

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
ALFRED A. WYLLIE
1572 BASS BL.
DUNEDIN FL 34698

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VICE PRESIDENT
A. LINN WYLLIE
1 SHORE DR.
DUNEDIN FL 34698

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFRED A. WYLLIE

4/4/00

Date

727.736-0409

Daytime Phone #

CR2E034 (9/99)