2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026788

1. Entity Name

PERFECT POOL CHEMICAL SERVICE OF SARASOTA COUNTY

Principal Place of Business

Mailing Address

5304 S.W. 11TH PLACE CAPE CORAL FL 33914

SIGNATURE:

5304 S.W. 11TH PLACE CAPE CORAL FL 33914-7080

FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90016 008 ***150.00

2. Principal Place of Business 295 Fareham D Suite, Apt. #, etc.		3. Mailing Address 295 Farehan Dr Suite, Apt. #, etc.		Sr	DO NOT WRITE IN THIS SPACE		
City & State Ven: Le Fl Zip Country Zip Zip			Country		FEI Number		oplied For ot Applicable
3429	13 1 15	34293	2,5	5.	Certificate of Status Desired	Fee Required	
J1	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Regi	stered Agent	
5304	LLY, EDWARD M JR. S.W. 11TH PLACE E CORAL FL 33914	Street Address (P.O. Box Number is Not Acceptable)					
8. The above	named entity subplits this statement lo		gistered office or		4-	FL 3 Cod a. 4-00	293
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NO After MAY 1, Make Check Pa			TE: Registered Agent signature required 1!!! FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of Sta		10. Election Campaign Finance Trust Fund Contribution.	Added	May Be
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SCULLY, EDWARD M JR. 5304 S.W. 11TH PLACE CAPE CORAL FL 33914	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	295	Fareham Or e F1 34293	ERS AND PIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brad 295	President Alwes Forelow Dr Le F1 34293	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5:11	Escully Foreham Dr : UE F1 34293	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	* *	1	Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
13. I hereby of indicated of the corphanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trusts of empo or on an attachment with an address, we	this filing does not qualify for the frue and accurate and that my wered to execute this report as the all other like impowered.	ne exemption stat signature shall ha required by Cha	ed in Section ave the same pter 607, Flor	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oath ida Statutes; and that my name ap	rther certify that the in that I am an officer ppears in Block 11 or	nformation or director r Block 12 if