

5/21

FILED

Jun 19, 2002 8:00 am
Secretary of State

05-21-2002 90890 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000026788** ✓1. Entity Name
**PERFECT POOL CHEMICAL SERVICE OF
SARASOTA COUNTY INC**

DO NOT WRITE IN THIS SPACE

94006

2. Principal Place of Business
295 FAIRHAM DR
Suite, Apt. #, etc.3. Mailing Address
PMB #125
Suite, Apt. #, etc.
2357-3 SO. TAMiami TR

DO NOT WRITE IN THIS SPACE

City & State
VENICE
Zip
34293 Country
USACity & State
VENICE FL
Zip
34293-5022 Country
USA4. FEI Number
65-0905723Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
E. Michael Scully
Street Address (P.O. Box Number is Not Acceptable)
295 FAIRHAM DR
VENICE FL 34293
City
FL Zip Code
34293

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  (NOTE: Registered Agent Signature Required when reinstating)9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
E. Michael Scully
295 Fairham Dr
Venice FL 34293**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
James B. Alwes
295 Fairham Dr
Venice FL 34293**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Jill E Scully
295 Fairham Dr
Venice FL 34293**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
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CITY-ST-ZIPDO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Jill E Scully** 4-30-02 941-496-8872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)