## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P99000035326 **DOCUMENT #**

1. Entity Name

WINTERS, JOHN B

4911 BACCUS AVE. SARASOTA FL 34233

SIGNATURE

JOHNNY'S POOL CARE, INC.



Principal Place of Business Mailing Address

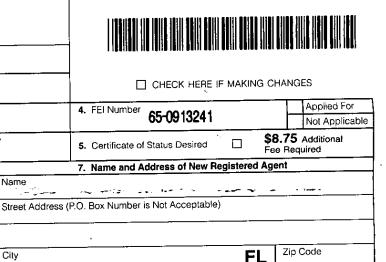
4911 BACCUS AVE. SARASOTA FL 34233		4911 BACCUS AVE. SARASOTA FL 34233		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

## FILED Feb 13, 2003 8:00 am **Secretary of State**

02-13-2003 90213 029 \*\*\*150.00



DATE

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 Fig.	rida. I am familiar with, and accept
8. The above named entity submits this statement for the purpose of changing its registered diffice of registered agent, or both, in the older of the	,
the obligations of registered agent.	

Name

City

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CR2E034 (10/02) ☐ Change Addition TITLE ☐ Delete TITLE NAME WINTERS, JOHN B NAME STREET ADDRESS 4911 BACCUS AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with

SIGNATURE:

2/10/03 941-921