

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039225

1. Entity Name

ABOVE & BEYOND POOL SERVICE, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90078 046 ***150.00

Principal Place of Business

Mailing Address

9300 SW 2ND ST
BOCA RATON FL 33428-4512

9300 SW 2ND ST
BOCA RATON FL 33433-3629

2. Principal Place of Business

21803 LINWOOD WY

3. Mailing Address

21803 LINWOOD WY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0939185

Applied For

Not Applicable

Zip
33433

Country
USA

Zip
33433

Country
USA

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

ELLIOT GREENE, P.A.
23123 STATE RD 7, SUITE 350-B
BOCA RATON FL 33428

Name
MICHAEL A. CACCAVELLA

Street Address (P.O. Box Number is Not Acceptable)
21803 LINWOOD WY

City BOCA RATON FL Zip Code 33433

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

MICHAEL A. CACCAVELLA, P, 2/20/00

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 P
NAME CACCAVELLA, MICHAEL A
STREET ADDRESS 9300 SW 2ND ST
CITY-ST-ZIP BOCA RATON FL 33428-4512 ☐ Delete

TITLE P
NAME CACCAVELLA, MICHAEL A. ☒ Change ☐ Addition
STREET ADDRESS 21803 LINWOOD WY
CITY-ST-ZIP BOCA RATON FL 33433

TITLE V
NAME LEE, JENNIFFER
STREET ADDRESS 9300 SW 2ND ST
CITY-ST-ZIP BOCA RATON FL 33428-4512 ☐ Delete

TITLE V
NAME LEE, JENNIFFER ☒ Change ☐ Addition
STREET ADDRESS 21803 LINWOOD WY
CITY-ST-ZIP BOCA RATON FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

Jennifer Lee JENNIFFER LEE, 2/20/00, (561) 417-0450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)