

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041841

1. Entity Name

POOLSKIM, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90144 027 ***158.75

Principal Place of Business

Mailing Address

1901 INDUSTRIAL PARK
PLANT CITY FL 33567

1901 INDUSTRIAL PARK
PLANT CITY FL 33567-1162

2. Principal Place of Business

1106-A N. PARSONS AVE

3. Mailing Address

P.O. Box 3207

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Plant City, FL

Zip

33510

Country

USA

Zip

33564

Country

USA

4. FEI Number

59-3585015

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BRADY, N. PAULETTE
1901 INDUSTRIAL PARK
PLANT CITY FL 33567

7. Name and Address of New Registered Agent

Name

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

1106-A N. PARSONS AVE

City

Brandon

FL

Zip Code

33510

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

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STEPHEN VAN Rensburg - P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1106-A N. PARSONS AVE	
STREET ADDRESS	Brandon, FL 33510	
CITY-ST-ZIP		
TITLE	N. PAULETTE Brady - V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1106-A N. PARSONS AVE	
STREET ADDRESS	Brandon, FL 33510	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

N. Paulette Brady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 813 443-9696

CR2E034 (9/99)