

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90140 029 \*\*\*158.75

**DOCUMENT # P99000041841**

1. Entity Name  
**POOLSKIM, INC.**



Principal Place of Business  
~~1106 A N. PARSONS AVE~~  
~~BRANDON FL 33510~~

Mailing Address  
**5601 N TINDALE RD**  
**PLANT CITY FL 33565**



2. Principal Place of Business  
**5601 N. Tindale Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**PLANT CITY, FL**

City & State

4. FEI Number **59-3585015**

Applied For  
☐ Not Applicable

Zip  
**33565**

Country  
**USA**

Zip

Country

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

**BRADY, N. PAULETTE**  
~~1106 A N. PARSONS AVE~~  
~~BRANDON FL 33510~~

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**5601 N. Tindale Rd**  
City **PLANT CITY** FL Zip Code **33565**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *N. Paulette Brady*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/18/03*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **VAN RENSBURG, STEPHEN**  
STREET ADDRESS ~~1106 A N. PARSONS AVE~~  
CITY-ST-ZIP ~~BRANDON FL 33510~~

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **5601 N. Tindale Rd**  
CITY-ST-ZIP **PLANT CITY, FL 33565**

TITLE **V** ☐ Delete  
NAME **BRADY, N. PAULETTE**  
STREET ADDRESS ~~1106 A N. PARSONS AVE~~  
CITY-ST-ZIP ~~BRANDON FL 33510~~

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **5601 N. Tindale Rd**  
CITY-ST-ZIP **PLANT CITY, FL 33565**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *N. Paulette Brady* **SIGNATURE REQUIRED** *PAULETTE Brady* *2/18/03* *(813) 982-1801*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)