

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P99000051873

1. Entity Name

POOL SOURCE, INC.

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FILED
Jun 16, 2000 8:00 am
Secretary of State

05-08-2000 90073 012 ***158.75

Principal Place of Business

Mailing Address

900 N.E. 9TH ST.
POMPANO BEACH FL 33060

900 N.E. 9TH ST.
POMPANO BEACH FL 33060-5747

145 NW 53 PLACE

2. Principal Place of Business

3. Mailing Address

145 NW 53 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO Bch FL

City & State

POMPANO Bch FL

Zip

33064

Country

Broward

Zip

33064

Country

Broward

4. FEI Number

65-0922566

☒ 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

7. Name and Address of New Registered Agent

VICTOR, MIKE
900 N.E. 9TH ST.
POMPANO BEACH FL 33060

MIKE VICTOR
145 NW 53 PL
POMPANO Bch FL
33064

Name

Michael Victor

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

145 NW 53 PL

City

POMPANO Bch

FL

Zip Code

33064

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OWNER
NAME MICHAEL VICTOR
STREET ADDRESS 145 NW 53 PL
CITY-ST-ZIP POMPANO Bch FL 33064 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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)(l), 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:

Michael Victor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)