

2000 UNIFORM BUSINESS REPORT (UBR)

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9/7/00-90006-018-\$150.00-\$150.00

DOCUMENT # P99000052182

1. Entity Name

THE POOL GUY POOL & SPA SERVICE, INC.

FILED

00 SEP 22 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 272353
TAMPA FL 33688

Mailing Address

PO BOX 272353
TAMPA FL 33688

80070000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3584848

Applied For

Not Applicable

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

NULL, CHRIS
11316 N ARMENIA AVE
TAMPA FL 33612

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
NAME NULL, CHRIS
STREET ADDRESS PO BOX 272353
CITY-ST-ZIP TAMPA FL 33688

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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)(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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

TS

9-20-00
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To whom it may concern:

I am the President of the
Pool Guy, Pool & spa service Inc.
I did not receive the first
notice of the Uniform Business
Report in I Believe May. I have
already sent in one letter with
my payment on the first of September.
I guess someone discarded it. I
called when I received the notice
again, and they told me to write
another one. I hope this is
sufficient.

Sincerely,

Chris Hull