

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057387

1. Entity Name

CARIBBEAN CLEAR POOLS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90143 032 ***150.00

Principal Place of Business

1256 ROLLING ROAD
CASSELBERRY FL 32792

Mailing Address

1256 ROLLING ROAD
CASSELBERRY FL 32792

2. Principal Place of Business



1256 Rolling Ln.
Casselberry, FL 32707

Caribbean Clear Pools, Inc.
P.O. Box 520553
Longwood, FL 32752-0553



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3582386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32707

Country

Seminole

Zip
32752

Country

Seminole

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, JONATHAN
1256 ROLLING ROAD LN
CASSELBERRY FL 32792

32707

Name

Street Address

Jonathan N. Williams

1256 Rolling Ln.

Casselberry, FL 32707

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 Jonathan Williams

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

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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: Jonathan Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 16, 00

Date

407-699-7946

Daytime Phone #

CR2E034 (9/99)