

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90077 013 ***150.00

DOCUMENT # P99000071797

1. Entity Name

E & B POOL MAINTENANCE AND REPAIR, INC.

Principal Place of Business

137 AUBURN DRIVE
 LAKEWORTH FL 33460

Mailing Address

137 AUBURN DRIVE
 LAKEWORTH FL 33460

Please change principal place of Bus. & mailing address

2. Principal Place of Business

867 Ryanwood Dr.
 Suite, Apt. #, etc.

3. Mailing Address

867 Ryanwood Dr.
 Suite, Apt. #, etc.

City & State

West Palm Bch, FL

City & State

West Palm Bch, FL

4. FEI Number

65-0944872

Applied For

Not Applicable

Zip

33413

Country

USA

Zip

33413

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WADDELL, WILLIAM
 137 AUBURN DRIVE
 LAKEWORTH FL 33460

7. Name and Address of New Registered Agent

Name *Waddell, William*

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

867 Ryanwood Dr.

City *West Palm Bch*

FL

Zip Code *33413*

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, 2002 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	D	WADDELL, WILLIAM	<input type="checkbox"/> Delete
NAME		137 AUBURN DRIVE	
STREET ADDRESS		LAKEWORTH FL 33460	
CITY-ST-ZIP			
TITLE	D	LENART, STEVEN	<input checked="" type="checkbox"/> Delete
NAME		137 AUBURN DRIVE	
STREET ADDRESS		LAKEWORTH FL 33460	
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	President Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eloy Lopez	
STREET ADDRESS	1364 Rose Circle	
CITY-ST-ZIP	West Palm Beach, FL 33413	
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		

CR2034 (9/01)

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-77-02

Date

501/686-0512

Daytime Phone #