

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90007 027 ***150.00

0475926 AV

DOCUMENT # P99000072112

1. Entity Name
BLUE BRIGHT POOLS, INC.

Principal Place of Business
**1844 BISHOPS GATE
WINTER HAVEN FL 33880**

Mailing Address
**1844 BISHOPS GATE
WINTER HAVEN FL 33880**

2. Principal Place of Business
172 SUNRISE HILL W

3. Mailing Address
P.O. BOX 1098

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
AUBURNDALE, FL.

City & State
AUBURNDALE, FL.

4. FEI Number
59-3593038

Applied For
Not Applicable

Zip
33823

Country
USA

Zip
33823

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUFFEY, CHRIS A
1844 BISHOPS GATE
WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

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 \$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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DUFFEY, CHRIS A
1844 BISHOPS GATE
WINTER HAVEN FL 33880**

☐ Delete

TITLE
NAME
STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

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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:

CHRIS DUFFEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-02 863-207-1435

CR2E034 (9/01)