

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 11, 2000 8:00 am**
Secretary of State

09-11-2000 90005 008 ***558.75

DOCUMENT # P99000078744

1. Entity Name

BUDDY'S POOL SERVICE, INC.

Principal Place of Business

**P.O. BOX 293
LEHIGH ACRES FL 33970**

Mailing Address

**P.O. BOX 293
LEHIGH ACRES FL 33970**

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

65-0943088

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

**SOUTHWEST PROFESSIONAL SERVICES OF FORT MYERS, INC.
13611 MCGREGOR BLVD., #3
FT, MYERS FL 33919**

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 State10. 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 ☐ Delete
NAME **P**
STREET ADDRESS **PHILLIPS, WILLIAM R**
CITY-ST-ZIP **P.O. BOX 293
LEHIGH ACRES FL 33970**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 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

Date

Daytime Phone #

8/22/2000

CR2E034 (5/00)

attachment
P99000078744
770075893

AUGUST 25, 2000

UNIFORM BUSINESS REPORT
DIV OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302

DEAR SIR,


PLEASE ACCEPT MY CHECK FOR \$150.00 IN PAYMENT OF THE
2000 UNIFORM BUSINESS REPORT.

THIS IS MY FIRST YEAR AS A CORPORATION AND I HAD NO
IDEA THAT I HAD TO FILE THIS REPORT.

I WILL BE MORE CAREFUL IN THE FUTURE TO MAKE SURE
~~THE REPORT IS FILED ON TIME.~~

THANK YOU.

SINCERELY,


WILLIAM PHILLIPS, PRES
BUDDY'S POOL SERVICE INC
P.O. BOX 293
LEHIGH ACRES, FL 33970

PLEASE SEND ME
A CERTIFICATE OF STATUS
\$8.75 INCLUDED IN CHECK # 372
THANKS FOR YOUR
UNDERSTANDING IN
THIS MATTER
THE 400.00 LATE FEE
HURTS REAL BAD.
FOR A SMALL BUSINESS PERSON