

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000096706**

1. Entity Name

CHRIS' POOL SERVICE, INC.

Principal Place of Business

**10358 CARLSON CIRCLE
CLERMONT FL 34711**

Mailing Address

**10358 CARLSON CIRCLE
CLERMONT FL 34711**

2. Principal Place of Business

1035 W. Dixie Ave
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1125
Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Clermont, FL

Zip

34748 Lake

Country

Zip

34712 Lake

Country

Lake

6. Name and Address of Current Registered Agent

**NICHOLS, CHRIS
10358 CARLSON CIRCLE
CLERMONT FL 34711**

4. FEI Number

59-3609972

Applied For

Not Applicable

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

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	NICHOLS, CHRIS	
STREET ADDRESS	10358 CARLSON CR	
CITY-ST-ZIP	CLERMONT FL 34711	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Nichols, Chris	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 1125	
STREET ADDRESS	Clermont, FL	
CITY-ST-ZIP	34712	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED**Jan 10, 2001 8:00 am
Secretary of State**

01-10-2001 90145 030 ***150.00

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DO NOT WRITE IN THIS SPACE