

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90438 006 ***150.00

DOCUMENT #

P99000096706

1. Entity Name

CHRIS' POOL SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1035 West Dixie Avenue

3. Mailing Address

976 Del Mar Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, FL 34748

City & State

The Villages, Florida

4. FEI Number

59-3609972

Applied For

Not Applicable

Zip

32159

Country

US

Zip

32159

Country

US

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Chris Nichols

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

1035 West Dixie Avenue

City

Leesburg

FL

Zip Code

34748

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)**

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

**DPST
Chris Nichols
1035 West Dixie Avenue
Leesburg, FL 34748**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**AS
Vivian M. Grecco
976 Del Mar Drive
The Villages, FL 32159**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352259-5011

CR2E034B (12/01)