

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90163 036 ***150.00

DOCUMENT # P99000096806

1. Entity Name

POOL CARE SPECIALISTS OF CENTRAL FLORIDA, INC.

Principal Place of Business

**2671 MERCY DR.
 ORLANDO FL 32808**

Mailing Address

**2671 MERCY DR.
 ORLANDO FL 32808**

2. Principal Place of Business

2649 mercy Dr
 Suite, Apt. #, etc.

3. Mailing Address

2649 mercy Dr
 Suite, Apt. #, etc.

City & State

Orlando, FL 32808

City & State

Orlando, FL

4. FEI Number

59-3617034

Applied For

Not Applicable

Zip

32808

Country

Orange

Zip

32808

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WILLOUGHBY, SANDRA A
 5926 LOKEY DR.
 ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name
Willoughby, Sandra A.
 Street Address (P.O. Box Number is Not Acceptable)
2649 mercy Dr
 City **Orlando** FL Zip Code **32808**

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

Sandra A. Willoughby

(NOTE: Registered Agent signature required when reinstating)

4-16-02

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** ☐ Delete
 NAME **WILLOUGHBY, DANIEL S**
 STREET ADDRESS **5926 LOKEY DR.**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **D** ☐ Delete
 NAME **WILLOUGHBY, SANDRA A**
 STREET ADDRESS **5926 LOKEY DR.**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Daniel S. Willoughby**
 STREET ADDRESS **2649 mercy Dr.**
 CITY-ST-ZIP **Orlando, FL 32808**

TITLE ☒ Change ☐ Addition
 NAME **Sandra A. Willoughby**
 STREET ADDRESS **2649 mercy Dr.**
 CITY-ST-ZIP **Orlando, FL 32808**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

Sandra A. Willoughby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02 407-294-9921

Date

Daytime Phone #

CR2E034 (9/01)