

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91201 030 ***158.75

DOCUMENT # P99000104088

1. Entity Name
POOL SENSE, INC.

Principal Place of Business
**5304 LITTLE ROAD, PINCH-A-PENNY
 NEW PORT RICHEY FL 34655**

Mailing Address
**5304 LITTLE ROAD, PINCH-A-PENNY
 NEW PORT RICHEY FL 34655**

2. Principal Place of Business
Same as above

3. Mailing Address
Same as above

City & State
 Suite, Apt. #, etc.

City & State
 Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent
**MIZEL, LINDA A
 5304 LITTLE ROAD, PINCH-A-PENNY
 NEW PORT RICHEY FL 34655**

4. FEI Number
59-3621073

Applied For
 Not Applicable

7. Name and Address of New Registered Agent
 Name *Linda Serafin/Mizel*
 Street Address (P.O. Box Number is Not Acceptable)
5304 Little Road
Pinch a Penny
 City *New Port Richey* **FL** Zip Code *34655*

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 *Linda Serafin/Mizel* DATE *4-25-02*

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIZEL, LINDA A 5304 LITTLE ROAD, PINCH-A-PENNY NEW PORT RICHEY FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIZEL, ROBERT A 5304 LITTLE ROAD, PINCH-A-PENNY NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Linda Mizel* **SIGNATURE REQUIRED** DATE *April 25, 02* (727) 375-9314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)