

6/21

**FILED****Jul 24, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90005 049 \*\*\*150.00

07-24-2001 90011 043 \*\*\*400.00

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000104473**

1. Entity Name

**BAY AREA POOL SITTERS INC.***LR*

Principal Place of Business

**8606 LAKE ISLE DR.  
TAMPA FL 33637**

Mailing Address

**8606 LAKE ISLE DR.  
TAMPA FL 33637**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3613742**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BADER, LOUIS J  
8606 LAKE ISLE DR.  
TAMPA FL 33637**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BADER, LOUIS J 8606 LAKE DALE DR TAMPA FL 33637</b> <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	<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	<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

document # P99000104423 977658 *Attach*

# Bay Area Pool Sitters, Inc.

P.O.Box 291781 Tampa, FL 33687-1781

(813) 988-3535 hm - (813) 417-1286 cell

Web site: [www.pool sitter.com](http://www.pool sitter.com)

E-mail [pool sitter@pool sitter.com](mailto:pool sitter@pool sitter.com)

June 22, 2001

Dear Sir or Madam:

Please forgive the tardiness of this form and check. I am a one man operation and work mostly in the field with my customer base. This form some how fell down behind my desk. I found it when I was cleaning my office out. Your help in this matter would be greatly appreciated.

Louis Bader

*Louis Bader*

*Handwritten notes at bottom left:*  
33687-1781  
P.O. Box 291781  
Tampa, FL 33687-1781