

2000 UNIFORM BUSINESS REPORT (UBR)

2/16

FILED

May 01, 2000 8:00 am
Secretary of State

02-15-2000 90051 049 ***150.00

DOCUMENT # P99000106271

1. Entity Name

JIM'S POOLS, INC.

Principal Place of Business

6972 BENEVA ROAD
SARASOTA FL 34238

Mailing Address

6972 BENEVA ROAD
SARASOTA FL 34238

2. Principal Place of Business

6972 BENEVA RD
STE #8

3. Mailing Address

6972 BENEVA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL.

City & State

SARASOTA FL

Zip

34238

Country

U.S.A.

Zip

34238

Country

U.S.A.

4. FEI Number

16-1119606

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

DUNDAS, JAMES D
5345 MATTHEW COURT
SARASOTA FL 34231

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

James D. Dundas **JAMES D. DUNDAS** **2-9-00**

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, 2000 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	<i>JAMES D. DUNDAS</i>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>PRESIDENT</i>	<input type="checkbox"/> Delete
NAME	<i>JAMES D. DUNDAS</i>	
STREET ADDRESS	<i>5345 MATTHEW CT.</i>	
CITY-ST-ZIP	<i>SARASOTA FL. 34238</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>PRESIDENT</i>	<input type="checkbox"/> Delete
NAME	<i>JAMES D. DUNDAS</i>	
STREET ADDRESS	<i>5345 MATTHEW CT.</i>	
CITY-ST-ZIP	<i>SARASOTA FL. 34231</i>	
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		<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
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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		

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 #

James D. Dundas **JAMES D. DUNDAS** **2-9-00** **941 927 7003**

CR2E034 (9/99)