

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108341

1. Entity Name

HARBOR BAY POOLS, INC.

Principal Place of Business

Mailing Address

5423 STATELY OAKS ST
FT PIERCE FL 34981

5423 STATELY OAKS ST
FT PIERCE FL 34981

2. Principal Place of Business

694 SW BAYSHORE BLVD

Suite, Apt. #, etc.

3. Mailing Address

694 SW BAYSHORE BLVD

Suite, Apt. #, etc.

City & State

PORT ST LUCIE FL

City & State

PORT ST LUCIE FL

Zip

34983

Country

ST LUCIE

Zip

34983

Country

ST LUCIE

4. FEI Number

65-0967775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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 WADE M. CLARKE PRES.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

WADE M. CLARKE PRES.

4-26-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
CLARKE, SHELBY J
5423 STATELY OAKS ST
FT PIERCE FL 34981

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CLARKE, WADE M
5423 STATELY OAKS ST
FT PIERCE FL 34981

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
MARTZ, KEVIN L
6842 NW GRANGER AVE
PORT ST LUCIE FL 34983

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
MARTZ, TAMARA G
6842 NW GRANGER AVE
PORT ST LUCIE FL 34983

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CITY-ST-ZIP

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☐ Change ☐ Addition

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: *WADE M. CLARKE* WADE M CLARKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 2000 561-878-8806

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90362 036 ***150.00