

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0134086
AT

DOCUMENT # **S48457**

1. Entity Name
RUSKIN POOL SERVICE, INC.



03 SEP 11 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6030 HWY 41 N
APOLLO BEACH FL 33572**

Mailing Address
**822 BLUE HERON BLVD.
RUSKIN FL 33570**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6030 Hwy 41 S

Suite, Apt. #, etc.

City & State

APOLLO BEACH FL

City & State

Zip

Country

Zip

Country

8/15/03 90085038 \$150.00

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3066257**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**POPOVIET, JUDY
822 BLUE HERON BLVD
RUSKIN FL 33590**

7. Name and Address of New Registered Agent

Name **Judy Popovitch**
Street Address (P.O. Box Number is Not Acceptable)
**822 Blue Heron Blvd
Ruskin, FL 33570**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Judy A Popovitch**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003. Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
☐ Trust Fund Contribution

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **POPOVICH, JIM J.**
STREET ADDRESS **822 BLUE HERON BLVD**
CITY - ST - ZIP **RUSKIN FL**

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

TITLE **VPT** ☐ Delete
NAME **POPOVICH, JUDY**
STREET ADDRESS **822 BLUE HERON BLVD.**
CITY - ST - ZIP **RUSKIN FL**

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

TITLE ☐ Delete
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CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Judy A Popovitch**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/03

Date

813-645-9115

Daytime Phone #

CR2E034 (4/03)