## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## S62145 **DOCUMENT #**

1. Entity Name

POOL DOCTOR SERVICE & SUPPLIES, INC.



## **FILED** Jan 07, 2003 8:00 am Secretary of State 01-07-2003 90010 014 \*\*\*150.00

					WE THE						
Principal Place of Business 2104 DEL PRADO BLVD CAPE CORAL FL 33990 US			Mailing Address 2104 DEL PRADO BLVD. CAPE CORAL FL 33990 US								
2. Principal Place of Business			3. Mailing Address					UHUL UTUUK UKUI	Billik Bigit Oli		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 59-3081132			1	plied For t Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired		S8.75 Additional Fee Required				
	6. Name	and Address of Current	t Registered Agent			7. N	ame and Address of New Re	gistered Ag	ent		
<u></u>		أخرج الأنفاد سو	الماسورة أييسوري	<del></del>	"Name	- 1	and the second s				
FORSTER, MARK E			Street Address			(P.O. Box Number is Not Acceptable)					
2209 SE 3	2ND TERR	RACE									
CAPE COF	RAL FL 339	990								·	
					City			FL	Zip Code	Э	
The above	named enti	ty submits this statement f	or the purpose of chan	ging its registere	d office or reals	tered age	ent, or both, in the State of Flor	ida. I am far	niliar with,	and accept	
the obligat		tered agent,	or the perpose of share	99			,				
::											
SIGNATURE .	Signature, types	d or printed name of registered agen	and title if applicable.	(NOTE: Registere	d Agent signature requ	ired when rei	nstating)	DATE			
After	<sup>.</sup> May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o					9. Election Campaign Fina Trust Fund Contribution	· -		<b>0</b> May Be I to Fees	
10.	± -	OFFICERS AND	D DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFIC	CERS AND D	RECTORS	S IN 11	
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CITY-ST-ZIP		ON FL 34210		CITY	-ST-ZIP					Ì	
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indicated of the co-	certify that the fon this reporation or l, or on an at	ne information supplied wi ort or supplemental report the receiver or trustee em tachment with an address	in this filing does not q is true and accurate ar powered to execute this with all other like emp	uality for the exe nd that my signa s report as requi owered.	implion stated in ture shall have the red by Chapter I	he same l 607, Floric	119.07(3)(i), Florida Statutes. I egal effect as if made under o da Statutes: and that my name	ath; that I an appears in	an officer Block 10	or director r Block 11 if	

**SIGNATURE:** 

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