

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S93215

1. Entity Name

KEP'S POOL SERVICE, INC.

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

04-18-2000 90216 023 ***150.00

Principal Place of Business

Mailing Address

THURTON AVE.
LAKE WORTH FL 33463-1524

5444 THURTON AVE.
LAKE WORTH FL 33414-8629

2. Principal Place of Business

16115 E. Pimlico Dr
Suite, Apt. #, etc.

3. Mailing Address

16115 E. Pimlico Dr
Suite, Apt. #, etc.

City & State

Loxahatchee FL

City & State

Loxahatchee FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

33470

US

Zip

Country

33470

US

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

KEPLINGER, KURT A.
5444 THURSTON AVE.
LAKE WORTH FL 33463

Name

Street Address (P.O. Box Number is Not Acceptable)

16115 E. Pimlico Dr.

City

Loxahatchee

FL

Zip Code

33470

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

Kurt A. Keplinger Kurt A. Keplinger

4-11-00

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, 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
P
KEPLINGER, KURT A.
5444 THURSTON AVE
LAKE WORTH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.
Keplinger, Kurt A
16115 E. Pimlico Dr
Loxahatchee FL 33470 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Kurt A. Keplinger **SIGNATURE REQUIRED**

Kurt A. Keplinger

Date

4-11-00 (561) 774-073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)