

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90071 027 ***150.00

DOCUMENT # V15100

1. Entity Name
WEST COAST POOLS, INC.

Principal Place of Business Mailing Address
7500 - 125TH STREET NORTH **7500 - 125TH STREET NORTH**
SEMINOLE FL 34642 **SEMINOLE FL 34642**
US **US**

2. Principal Place of Business 3. Mailing Address
8100 Park Blvd **8100 Park Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
17B **17B**
City & State City & State
Pinellas Park, FL **Pinellas Park, FL**
Zip Country Zip Country
33781 **US** **33781** **US**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BAILEY, LEWIS WAYNE Name
7500 125TH ST. NORTH Street Address (P.O. Box Number is Not Acceptable)
SEMINOLE FL 34642 **8712 Caitlyn Ct.**
City Zip Code
Seminole **FL** **33772**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAILEY, LEWIS WAYNE		NAME		
STREET ADDRESS	7500 125 ST NORTH		STREET ADDRESS	8712 Caitlyn Ct.	
CITY-ST-ZIP	SEMINOLE FL		CITY-ST-ZIP	Seminole, FL 33772	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPHENS, JACKIE JOE		NAME		
STREET ADDRESS	3537 74TH ST N		STREET ADDRESS	3368 70th Way N.	
CITY-ST-ZIP	ST PETERSBURG FL 33710		CITY-ST-ZIP	St. Pete, FL 33710	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPHENS, DALLAS RAY		NAME		
STREET ADDRESS	6693 36TH AVE N		STREET ADDRESS	5422 17th Ave N.	
CITY-ST-ZIP	ST PETERSBURG FL 33710		CITY-ST-ZIP	St. Pete, FL 33710	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 #

CR2E034 (10/00)