

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V16282

1. Entity Name

SUMMER SUN POOLS OF WINTER HAVEN, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90235 026 ***150.00

Principal Place of Business

Mailing Address

~~644 LAKE DEXTER CIRCLE~~ 314 Ruby Lake Loop
WINTER HAVEN FL 33884

~~644 LAKE DEXTER CIRCLE~~ 314 Ruby Lake Loop
WINTER HAVEN FL 33884

2. Principal Place of Business

3. Mailing Address

314 Ruby Lake Loop

314 Ruby Lake Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, Fla

City & State

Winter Haven, Fla

Zip

33884

Country

Polk

Zip

33884

Country

Polk

4. FEI Number

NOT APPLICABLE

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

DEAN, MIKE

~~644 LAKE DEXTER CIRCLE~~
WINTER HAVEN FL 33884

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

Mike Dean

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
D	DEAN, MIKE	644 LAKE DEXTER CIRCLE 314 Ruby Lake Loop	WINTER HAVEN FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Mike Dean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/2000
Date

Daytime Phone #

CR2E034 (5/00)

Attachment
D#V16282
DW80549

V16282

from the desk of:



Summer Sun Pools

P.O. Box 342
Winter Haven, Florida 33882
(941) 324-3855

Please Review:

I never received the first
notice. Address has been changed
since last year.

Thank You

Mike