

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

0123794 AT

DOCUMENT # V16282

1. Entity Name
SUMMER SUN POOLS OF WINTER HAVEN, INC.

(LP)

07-17-2001 90003 004 ***150.00

Principal Place of Business
314 RUBY LAKE LOOP
WINTER HAVEN FL 33884

Mailing Address
314 RUBY LAKE LOOP
WINTER HAVEN FL 33884



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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. ☐

\$150 FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee 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 ☐ Delete
NAME **D DEAN, MIKE**
STREET ADDRESS ~~**644 LAKE DEXTER CIRCLE**~~
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☒ Change ☐ Addition
NAME **D Dean, Mike**
STREET ADDRESS **314 Ruby Lake Loop**
CITY-ST-ZIP **Winter Haven, Fla**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 *Michael P Dean*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)



SUMMER SUN POOLS
P.O. BOX 342
WINTER HAVEN, FLORIDA 33882

(863) 324-3855

BILL TO:

Florida Department of State

Division of Corporation

INVOICE

ATTACHMENT
A0077597

DATE

INVOICE NO.

7/9/01

26

V16282

P.O. NUMBER

TERMS

PROJECT

QUANTITY

DESCRIPTION

RATE

AMOUNT

I am sending this letter to inform the officer in charge that I did not receive my first corporation renewal. I am sending a check for \$150.00. If there is any problem please call.

Thank You

Michael D Dean

Summer Sun Pools Of Winter Haven, Inc.

863-324-3855

TOTAL