

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90061 038 \*\*\*150.00

0489545

**DOCUMENT # V18669**

1. Entity Name

**CARED FOR POOLS, INC.**

Principal Place of Business

**17859 NW 78TH AVE  
MIAMI FL 33015  
US**

Mailing Address

**P.O. BOX 170062  
MIAMI FL 33017  
US**

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

**65-0320723**

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

**WILLIAMSON, LAWRENCE E.  
8553 N.W. 164TH STREET  
MIAMI FL 33016**

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 of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/10/01**

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, 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 ☐ Delete  
NAME **DP**  
STREET ADDRESS **WILLIAMSON, LAWRENCE SR**  
CITY-ST-ZIP **17137 WATERBEND DR #202  
JUPITER FL 33477**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **WILLIAMSON, JUDITH A**  
CITY-ST-ZIP **17137 WATERBEND DR. #202  
JUPITER FL 33477**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **DOUGLAS, WILLIAMSON**  
CITY-ST-ZIP **12166 ST ANDREWS PL #305  
MIAMI FL**

TITLE ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **621 N.W. 89th TER.**  
CITY-ST-ZIP **Pembroke Pines, FLA. 33024**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **LAWRENCE WILLIAMSON, JR.**  
CITY-ST-ZIP **11891 SW 49TH CT.  
COOPER CITY FL 33330**

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

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  
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 registered agent 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:

**Lawrence Williamson Sr.**

**4/10/01**

**305/823-2816**

Date

Daytime Phone #

CR2E034 (10/00)