

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91476 025 ***150.00

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

4. FEI Number **65-0320723**

☐ **Applied For**
☐ **Not Applicable**

Zip

Country

Zip

Country

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. 184TH STREET~~ **17137 Waterbend Dr. #202**
~~MIAMI FL 33040~~ **JUPITER, FLA. 33477**

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--------------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| DP | WILLIAMSON, LAWRENCE SR | | |
| STREET ADDRESS | 17137 WATERBEND DR #202 | | |
| CITY-ST-ZIP | JUPITER FL 33477 | | |
| V | WILLIAMSON, JUDITH A | | |
| STREET ADDRESS | 17137 WATERBEND DR. #202 | | |
| CITY-ST-ZIP | JUPITER FL 33477 | | |
| V | DOUGLAS, WILLIAMSON | | |
| STREET ADDRESS | 621 N.W 89TH TERR | | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33024 | | |
| S | LAWRENCE WILLIAMSON, JR. | | |
| STREET ADDRESS | 11891 SW 49TH CT. | | |
| CITY-ST-ZIP | COOPER CITY FL 33330 | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 manager 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.* **4/15/02** **305/823-2816**
 (PRINT NAME AND TYPE OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034 (9/01)