

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26752

1. Entity Name
CITRUS POOL CENTER, INC.

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90155 001 ***450.00

43314



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2649 N. FOREST RIDGE BLVD.
HERNANDO FL 34442
US

Mailing Address
2649 N. FOREST RIDGE BLVD.
HERNANDO FL 34442
US

2. Principal Place of Business
162 N. Florida Ave

3. Mailing Address
Suite, Apt. #, etc.
Same

City & State
Tomball, FL

City & State

4. FEI Number 59-3114456

Applied For
Not Applicable

Zip
34453

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REBEOR, DOUG
6740 GULF LOKI HWY
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

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 _____ (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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	REBEOR, DOUG	
STREET ADDRESS	2649 N. FOREST RIDGE BLVD.	
CITY-ST-ZIP	HERNANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

Date

352-637-6161

Daytime Phone #

CR2E034 (10/00)