

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91641 005 \*\*\*550.00

**DOCUMENT # V46689**  
**1. Entity Name**  
**WHITE SANDS POOL PLASTERING, INC.**

**Principal Place of Business**  
~~1064~~ **182 RIDGE STREET**  
**WINTER SPRINGS FL 32708**

**Mailing Address**  
~~1064~~ **182 RIDGE STREET**  
**WINTER SPRINGS FL 32708**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**1064 Ridge Road**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**1064 Ridge Road**  
 Suite, Apt. #, etc.

**City & State**  
**Winter Springs, FL**  
**Zip** **32708** **Country** **USA**

**City & State**  
**Winter Springs, FL**  
**Zip** **32708** **Country** **USA**

**4. FEI Number** **59-3138088** **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LILJENQUIST, KIM**  
**182 RIDGE STREET**  
**WINTER SPRINGS FL 32708**

**7. Name and Address of New Registered Agent**

**Name** **Kim Liljenquist**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1064 Ridge Road**  
**City** **Winter Springs** **FL** **Zip Code** **32708**

**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** **04/12/2002**  
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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LILJENQUIST, KEVIN</b> <b>182 RIDGE ST BOX B</b> <b>WINTER SRPINGS FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1064 Ridge Road</b> <b>Winter Springs, FL 32708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LILJENQUIST, KIM</b> <b>182 RIDGE ST BOX B</b> <b>WINTER SPRINGS FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1064 Ridge Road</b> <b>Winter Springs, FL 32708</b>
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**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:** **04/12/2002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)