

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

08-16-2001 90004 043 \*\*\*150.00

**DOCUMENT # V47972**

1. Entity Name  
**PERFECT POOLS OF OKEECHOBEE, INC.**

Principal Place of Business

**319 SW PARK ST.  
 OKEECHOBEE FL 34972  
 US**

Mailing Address

**319 SW PARK ST.  
 OKEECHOBEE FL 34972  
 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 **65-0348176**

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

**SKINNER, GARY F.  
 319 S.W. PARK ST.  
 OKEECHOBEE FL 34974**

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.  
 (See criteria on back) ☐

**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 **D** ☐ Delete  
 NAME **SKINNER, GARY F.**  
 STREET ADDRESS **3838 SW 16TH AVE**  
 CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE **D** ☐ Delete  
 NAME **SKINNER, MAXINE**  
 STREET ADDRESS **3838 SW 16TH AVE**  
 CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE **D** ☐ Delete  
 NAME **SKINNER, MICHAEL ALLEN**  
 STREET ADDRESS **3353 SW 18TH ST.**  
 CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/01 803-763-8952**  
 Date Daytime Phone #

CR2E034 (5/01)

Attachment

#V4792

A0081308

<b>PERFECT POOLS OF OKEECHOBEE, INC.</b> -PH. 941-763-8952 319 S.W. PARK STREET OKEECHOBEE, FL 34974		1798 CU071687	
DATE <u>4/17/00</u>		63-8419-2670	
PAY TO THE ORDER OF <u>Department of State</u>		\$ <u>150.00</u>	
<u>One Hundred Fifty and 00/100</u>		1322 00 05 03 00	
<b>Harbor Federal</b> ST. LUCIE COUNTY DIVISION		DOLLARS	
FOR <u>Register Fee</u>		<u>Margie Skinner</u>	
⑈001798⑈ ⑈126708419⑈1260001260906⑈		⑈0000015000⑈	

This is a copy of our 2000 Fee for Corp.  
I Have no Intension of paying any other  
Fee's

Thanks Margie

A Attachment

A0081508  
#V47972

ENDORSE HERE

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT# 1009068796

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR DEPOSIT ONLY

APR 24 2000

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WATSONBANK MAY 05/02/00  
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05-03-00

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MicroPrint Signature	Small type in signature line appears as dotted line when photocopied
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\* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

Attachment  
DH# V47972  
A0081508

Perfect Pools of Okeechobee, Inc.  
319 S. W. Park Street  
Okeechobee, Florida 34972

August 7, 2001

Ms. Kathy Ashton,

We did not receive our original copy of the Registration Fee for Corp. Taxes. I talked to Michelle in your office, she suggested in write this letter stating that we did not receive it and to send back all paperwork along with the check for the fees.

Sincerely,



Maxine Skinner / Secretary  
Perfect Pools of Okeechobee, Inc.