

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90006 030 ***550.00

0089542 AV

DOCUMENT # - **V68464**

1. Entity Name

WAVE POOL AND SPA SUPPLY STORE, INC.

Principal Place of Business

**5500 4TH ST NORTH
ST. PETERSBURG FL 33703
US**

Mailing Address

**5500 4TH ST NORTH
ST. PETERSBURG FL 33703
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number

59-3141459

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

GRAYL, MARY

5500 4TH ST NORTH

ST. PETERSBURG FL 33703

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
GRAYL, DALE
5500 4TH ST NORTH
ST. PETERSBURG FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
GRAYL, DALE
5500 4TH ST NORTH
ST. PETERSBURG, FL.** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GRAYL, MARY
5500 4TH ST NORTH
ST. PETERSBURG FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
GRAYL, MARY
5500 4TH ST NORTH
ST. PETERSBURG, FL.** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

DALE GRAYL, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE GRAYL

Date

07-11-01

Daytime Phone #

727-526-6300

727-896-1080

CR2E034 (5/01)