

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031894

1. Entity Name

PAMPERED PROPERTIES, INC.

Principal Place of Business

14450 66TH TRAIL N.
PALM BEACH GARDENS FL 33418

Mailing Address

14450 66TH TRAIL N.
PALM BEACH GARDENS FL 33418

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

65-0405628

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

KRAMER, SCOTT
6650 WEST INDIANTOWN RD.
SUITE 200
JUPITER FL 33458

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 13, 2000 Min. 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 P
NAME ESCHER, BRUCE D SR.
STREET ADDRESS 14450 66TH TRAIL N.
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS
NAME ESCHER, LISA W
STREET ADDRESS 14450 66TH TRAIL N.
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME ESCHER, BRUCE D JR.
STREET ADDRESS 14450 66TH TRAIL N.
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME PERKINS, MATTHEW J
STREET ADDRESS 14450 66TH TRAIL N.
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90003 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR: ECK: 1/1/00

Uniform Business Report (UBR) Instructions

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 488-9000.

Reminder:

1. Changes must be typed or printed in ink and legible.
2. Signature in Block 13.
3. Submit with total amount due in the form of a separate check for each filing. (Payable to United States Funds through a United States Bank to Department of State.) This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of a report; it can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.

850-487-6059
#2

- Block 1.** Block 1 is preprinted with the name, document number, mailing address and principal place of business as previously reported to our office. You cannot change the name on this form. You must file an amendment to change the name. If you filed an amendment after November 19, 1999, reflect the change of name in Block 1. If no name change has been filed, do not make changes to the form; file this as is and submit a name change amendment promptly. ALL REPORT FILING QUESTIONS SHOULD BE DIRECTED TO (850) 488-9000.
- Block 2 & 3.** If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable.
- Block 4.** Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" is preprinted in Block 4, you must now provide the FEI number. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5.** Should you desire a certificate reflecting your entity's status after the filing of this report, check the box in Block 5 and include an additional \$6.75 with your filing fee.
- Block 6.** The law requires that each entity have a Registered Agent with a Florida street address. If the computer entry in Block 6 is incorrect, enter the correct information in Block 7. There is no additional fee to change the Registered Agent on this form.
- Block 7.** If a new Registered Agent has been appointed, enter the new agent's name and address in box 7. This must be a Florida Street address. A P.O. Box or mail service is NOT acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can.
- Block 8.** The new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. **NOTE: Registered agent signature required when reinstating on this form.**
- Block 9.** By checking the appropriate boxes, you certify that the corporation: 1) Does not owe Intangible Personal Property Tax for the year 2000 (see return); 2) The corporation is not paying as agent for its stockholders and has notified shareholders of the market value of the stock; or 3) The corporation has no Florida shareholders. If the corporation checks box 9, an Intangible Personal Property Tax Return is not required to be filed with the Department of Revenue. Please direct all questions regarding the tax to the Department of Revenue at (800) 352-3671 (Florida only). Out-of-state callers must call (850) 922-4828 or (850) 922-7200.
- Block 10.** Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 10 and include an additional \$5.00 with the filing fee.
- Block 11.** Block 11 contains the officers/directors last reported to our office. If blank, you must list the name and address of all officers/directors in Block 12. **Please do not make any marks in Block 11 unless deleting an officer; corrections or additions are to be made in Block 12.**
- Block 12.** Block 12 is for changes or additions to the existing Officers/Directors in Block 11. Changes must be typed or printed and legible. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P=President, V=Vice President, T=Treasurer, S=Secretary, D=Director, C=Chairman, M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; T/D. **NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(3)(g), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 11, 12 or on an attachment is an affirmation under oath that no other address is available.**
- Block 13.** This report must be signed in Block 13 with an original's signature by an officer/director of the entity that is listed in Block 11, Block 12 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 13 is unacceptable.

Use enclosed envelope or mail to:

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Other Correspondence Address:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32311

Internet Address:
<http://www.sunbiz.org>

Courier Address: (overnight delivery)
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Stacy 7/5/00
Second Notice 60 days out
Send letter w/ \$150.00
what happened COST \$150.00
Phone: (850) 488-9000
Hearing/Voice Impaired may call (850) 487-6096 (TDD)
INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

Attachment
D#P93000031894
D0069899

ISLANDER POOLS & SPAS
14450 66 th Trail North
Palm Beach Gardens, FL. 33418

Phone 561-776-8500
Fax 561-776-8501
LICENSE U-17058

Department of Corporations
Uniform Business Report Filings
PO Box 1500 Tallahassee, FL 32302-1500

July 6, 2000

Re: UBR

Dear Sir or Madam,

On July 5, 2000, I called your offices and spoke to Stacy. I wanted to inquire if you had processed our report, as our check # 2325 has not cleared our bank. We sent our completed UBR, and check #2325 on April 15, 2000.

Stacy checked your records and told me the report was not received. She also told me a second notice was coming in the next two weeks. Stacy also said to complete the new form and send it with the original amount due, \$150.00.

I explained on July 10th, we are leaving on a 4 week trip and would not return till August. I hoped the delay would not be too long to file.

We were surprised to find the second notice in our mail today.

We have enclosed a copy of the report sent April 15, 2000, and a check for \$150.00, as requested. We hope this will be sufficient, take care of this problem.

Thank you in advance for your assistance in this matter.

Sincerely,



Bruce D. Escher Sr.

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031894

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PAMPERED PROPERTIES, INC.

Principal Place of Business

Mailing Address

14450 86TH TRAIL N.
PALM BEACH GARDENS FL 33418

14450 86TH TRAIL N
PALM BEACH GARDENS FL 33418 7219

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. FE Number

65-0405628

Applied For

Not Applicable

5. Certificate or Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAMER, SCOTT
6650 WEST INDIANTOWN RD.
SUITE 200
JUPITER FL 33458

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the current year changing its registered office or registered agent to comply with the State of Florida

SIGNATURE

Signature (Typed or printed name of registered agent and title is acceptable)

(Only if registered agent's signature required and accompanying

DATE

9. This corporation is obligated to satisfy its intangible
Tax filing requirement and provide to the
(See criteria on back)

Make Check Payable to Department of State

10. Estimated Campaign Financing
Trust Fund Contributions

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ESCHER, BRUCE D SR. 14450 86TH TRAIL N. PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Change	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TS ESCHER, LISA W 14450 86TH TRAIL N. PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V ESCHER, BRUCE D JR. 14450 86TH TRAIL N. PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V PERKINS, MATTHEW J 14450 86TH TRAIL N. PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not violate the provisions of Section 17(3)(b) Florida Statutes. I further certify that the information
indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and that I am not a director or officer of the corporation and that my name appears in Block 11 or Block 12 if
changed or on an attachment with an address, with appropriate signature

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/15/00 561-7768500