

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
 01-29-2001 90017 030 ***150.00

DOCUMENT # **P96000047525**

1. Entity Name
A+ POOLS, INC.

Principal Place of Business 3784 DOMESTIC AVENUE NAPLES FL 34104 US	Mailing Address 3784 DOMESTIC AVENUE NAPLES FL 34104 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3784 Domestic Avenue Suite, Apt. #, etc. Unit E City & State Naples, FL Zip 34104 Country US	3. Mailing Address 3784 Domestic Avenue Suite, Apt. #, etc. Unit E City & State Naples, FL Zip 34104 Country US
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4. FEI Number 65-0683515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**RICE, ROGER B
 800 SEAGATE DRIVE
 SUITE 203
 NAPLES FL 33940**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUSCH, CHRIS	NAME	Chris Rausch
STREET ADDRESS	140 DEBRON DRIVE	STREET ADDRESS	140 Debron Dr
CITY-ST-ZIP	NAPLES FL 33962	CITY-ST-ZIP	Naples FL 34112
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUSCH, DEBORAH	NAME	Deborah Rausch
STREET ADDRESS	140 DEBRON DRIVE	STREET ADDRESS	140 Debron Dr
CITY-ST-ZIP	NAPLES FL 33962	CITY-ST-ZIP	Naples, FL 34112
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRANTZ, ROBERT	NAME	
STREET ADDRESS	3831 SNOWFLAKE LANE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Deborah K Rausch** **Deborah K Rausch** Date **1-20-01** Daytime Phone # **941-774-6001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)