

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90098 043 \*\*\*150.00

**DOCUMENT # P98000104411**

1. Entity Name  
**POOL CARE OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business  
**853 VANDERBILT BEACH RD.  
 UNIT 265  
 NAPLES FL 34108**

Mailing Address  
**853 VANDERBILT BEACH RD.  
 UNIT 265  
 NAPLES FL 34108**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**470 LAGOON AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**470 LAGOON AVE**  
 Suite, Apt. #, etc.

City & State  
**NAPLES FLORIDA**  
 Zip  
**34108**  
 Country  
**COLLIER**

City & State  
**NAPLES FLORIDA**  
 Zip  
**34108**  
 Country  
**COLLIER**

4. FEI Number **59-3548889**

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**

**BOOLE, ALAN  
 853 VANDERBILT BEACH RD.  
 UNIT 265  
 NAPLES FL 34108**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P BOOLE, ALAN</b>	<b>470 LAGOON AVE</b>	<b>NAPLES FL 34108</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 **1-22-01** Daytime Phone # **941.566.8066**

CR2E034 (10/00)