

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90108 050 ***150.00

DOCUMENT #

244620

1. Entity Name

CATALINA Pools, INC.

Principal Place of Business

14111 S.W. 142 AVE
 MIAMI, FL 33184

Mailing Address

P.O. BOX 64-4108
 VERO BEACH, FL 32964

2. Principal Place of Business

14111 SW 142 AVE
 Suite, Apt. #, etc.
 MIAMI, FL 33184

3. Mailing Address

P.O. BOX 64-4108
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

VERO BEACH, FL

4. FFL Number

59-0914894

Applied For

Not Applicable

Zip

33184

Country

U.S.

Zip

32964

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RICHARD G. JONES
 14111 S.W. 142 AVE
 MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name RICHARD G. JONES
 Street Address (P.O. Box Number is Not Acceptable)
 14111 SW 142 AVE
 City MIAMI FL Zip Code 33184

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]

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-stating)

4/17/01

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 \$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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	RICHARD G. JONES	
STREET ADDRESS	P.O. BOX 64-4108	
CITY-ST-ZIP	VERO BEACH, FL 32964	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	RAFAEL DE LEON	
STREET ADDRESS	P.O. BOX 64-4108	
CITY-ST-ZIP	VERO BEACH, FL 32964	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-01

CR2E034 (11/00)