

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 260639

1. Entity Name

GUEST POOL AND PATIO, INC.

Principal Place of Business

2301 N E 16TH ST
POMPANO BEACH FL 33062

Mailing Address

2301 N E 16TH ST
POMPANO BEACH FL 33062

2. Principal Place of Business

2301 NE 16th St.

3. Mailing Address

2301 NE 16th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Bch, Fl.

City & State

Pompano Bch, Fl.

Zip

Fl. 33062

Country

Broward

Zip

33062

Country

Broward

6. Name and Address of Current Registered Agent

GUEST, GEORGE W
364 GOLFVIEW RD
N PALM BCH FL 33408

7. Name and Address of New Registered Agent

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 \$580.00
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

TITLE	TSSD	<input type="checkbox"/> Delete
NAME	GUEST, MARGUERITE B	
STREET ADDRESS	364 GOLFVIEW RD	
CITY-ST-ZIP	N PALM BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUEST, MARGUERITE B	
STREET ADDRESS	2301 NE 16TH	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUEST, GEORGE W.	
STREET ADDRESS	364 GOLFVIEW RD	
CITY-ST-ZIP	N PALM BCH FL	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. Guest 8/17/00 784-1390

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90059 004 ***550.00



--DO NOT WRITE IN THIS SPACE--

CR2E034 (5/00)