

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
03-30-2001 90328 026 ***150.00

0390628

DOCUMENT # 666492

1. Entity Name

INCA SOLAR POOLS, INC.

Principal Place of Business

**3860 A TAMiami TR
PORT CHARLOTTE FL 33948**

Mailing Address

**3860 A TAMiami TR
PORT CHARLOTTE FL 33948**

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 **59-2161433**

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

**PEREIRA, WALTER JOHN
2168 PELLAM BLVD NW
PORT CHARLOTTE FL 33948**

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 \$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
	P	PEREIRA, WALTER	2168 PELLAM BLVD.,N.E.	
		PORT CHARLOTTE FL		

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

	V	PEREIRA, VICTORIA	2168 PELLAM BLVD.,N.E.	<input type="checkbox"/> Delete
		PORT CHARLOTTE FL		

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	S	PEREIRA, ANGELA B.	2168 PELLAM BLVD.	<input type="checkbox"/> Delete
		PORT CHARLOTTE FL		

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	T	PEREIRA, WALTER J	2168 PELLAM BLVD NE	<input type="checkbox"/> Delete
		PT CHARLOTTE FL		

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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: Victoria Pereira (**VICTORIA PEREIRA**)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

(941) 625-2520

Daytime Phone #

CR2E034 (10/00)