

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F13332

1. Entity Name

NOFINER POOL SUPPLY & MAINTENANCE COMPANY, INC.

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90006 038 ***150.00

0569877 AV

Principal Place of Business

3521 S DIXIE HWY
STUART FL 34997-5244

Mailing Address

3521 S DIXIE HWY
STUART FL 34997-5244

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

59-2049758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SHEA, DANIEL C
102 CAMPHOR TREE LANE
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name SALVATORE P. NOFI JR

Street Address (P.O. Box Number is Not Acceptable)

4239 S.W. MALLARD CREEK TRAIL

City PALM CITY

FL

Zip Code 34990

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

Salvatore P. Nofi Jr President

1/14/02

Signature, typed or printed name of registered agent and fee 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, 2002 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 PTD
NAME NOFI, SALVATORE JR
STREET ADDRESS 3521 S DIXIE HWY
CITY-ST-ZIP STUART FL ☐ Delete

TITLE VSD
NAME NOFI, SALVATORE III
STREET ADDRESS 1415 SILVER MAPLE WAY
CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Salvatore P. Nofi Jr SALVATORE P. NOFI JR

Date

Daytime Phone #

1/14/02 5612831515

CR2E034 (9/01)