

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90011 002 \*\*\*158.75

**DOCUMENT # H40898**

1. Entity Name

**STARLITE POOLS OF CAPE CORAL, INC.**

Principal Place of Business

**861 SE 47TH TERRACE  
 CAPE CORAL FL 33904  
 US**

Mailing Address

**861 SE 47TH TERRACE  
 CAPE CORAL FL 33904  
 US**

2. Principal Place of Business

**24120 Production Circle**

3. Mailing Address

**8800 Signal Rd.**

Suite, Apt. #, etc.

**Suite # 2**

Suite, Apt. #, etc.

**Suite # 7**

City & State

**Bonita Springs, FL**

City & State

**Bonita Springs, FL**

Zip

**34135**

Country

**USE US**

Zip

**34135**

Country

**US**

4. FEI Number **59-2487268**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRANZ, ANTHONY P  
 861 47TH TERRACE S.E.  
 CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name **Anthony P. Franz**  
 Street Address (P.O. Box Number is Not Acceptable) **8842 Banyan Cove Circle**  
**Ft. Myers, FL.**  
 City **FL** Zip Code **33919**

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

TITLE **P** ☐ Delete  
 NAME **FRANZ, ANTHONY**  
 STREET ADDRESS **861 S.E. 47TH TERR.**  
 CITY-ST-ZIP **CAPE CORAL FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/01**

0394032

CR2E034 (10/00)