2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT** # H45958 1. Entity Name BONDED POOLS, INC. 04-25-2001 90154 005 ***150.00 Principal Place of Business Mailing Address 512 CYPRESS AVE, VENICE, FL 34292 512 CYPRESS AVE VENICE, FL 34292 A0056745 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2504071 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUDOR, DON C., JR. 512 CYPRESS AVE. DAVID A. DUNKIN, P.A. Street Addie 70 P. WEST Number is BORNE STORE T VENICE, FL 34292 City Zip Code 34223 **ENGLEWOOD** 8. The above named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change TITLE Delete D TUDOR, DON C., JR. NAME NAME SALUTER, PHILIP A. STREET ADDRESS 512 CYPRESS AVE. STREET ADDRESS 512 CYPRESS AVE. CITY-ST-ZIP CITY-ST-ZIP VENICE, FL. VENICE, FL X Addition TITLE Delete TITLE Change TUDOR, VERONIKA W. 512 CYPRESS AVE. NAME NAME SALUTER, CONNIE L. 512 CYPRESS AVE. VENICE, FL STREET ADDRESS STREET ADDRESS VENICE, FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ŠTORTZ, EARL 5328 DOMINICA CIRCLE NAME STORTZ, EARL NAME STREET ADDRESS STREET ADDRESS 5328 DONINCA CIRCLE CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL SARASOTA, FL TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 of 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 an other like empowered.

changed, or on an attachment with an address, with at other,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: