

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90253 014 \*\*\*150.00

**DOCUMENT # H45958**

1. Entity Name

**BONDED POOLS, INC.**

Principal Place of Business

~~512 CYPRESS AVE.~~  
**512 CYPRESS AVE.**  
**VENICE FL 34292**

Mailing Address

~~512 CYPRESS AVE.~~  
**512 CYPRESS AVE.**  
**VENICE FL 34292**

2. Principal Place of Business

**512 Cypress Ave**

Suite, Apt. #, etc.

3. Mailing Address

**512 Cypress Ave**

Suite, Apt. #, etc.

City & State

**Venice FL**

Zip **34292**

Country

**USA**

City & State

**Venice FL**

Zip **34292**

Country

**USA**

4. FEI Number

**59-2504071**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DUNKIN, DAVID A PA**  
**170 WEST DEARBORN ST**  
**ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent

Name **Connie Saluter**  
 Street Address (P.O. Box Number is Not Acceptable) **512 Cypress Ave.**  
 City **Venice** FL Zip Code **34292**

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, 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 **Director, President** ☐ Delete  
 NAME **SALUTER, PHILIP A**  
 STREET ADDRESS **512 CYPRESS AVE.**  
 CITY-ST-ZIP **VENICE FL**

TITLE **D** ☐ Delete  
 NAME **SALUTER, CONNIE L**  
 STREET ADDRESS **512 CYPRESS AVE.**  
 CITY-ST-ZIP **VENICE FL**

TITLE **V** ☐ Delete  
 NAME **STORTZ, EARL**  
 STREET ADDRESS **5328 DONINCA CIRCLE**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President & Director** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Vice President / Controller** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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:

**Connie L. Saluter**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/14/02 941 485-7665**

CR2E034 (9/01)