

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J89314

1. Entity Name

CARIBBEAN POOLS OF BREVARD, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90095 004 ***158.75

Principal Place of Business

1275 SOUTH PATRICK DRIVE SUITE G
SATELLITE BEACH FL 32937

Mailing Address

1275 SOUTH PATRICK DRIVE SUITE G
SATELLITE BEACH FL 32937-3968

2. Principal Place of Business

500 W. Merritt Island Cswy.
Suite, Apt. #, etc.

3. Mailing Address

500 W. Merritt Island Cswy.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Merritt Island, FL

Zip
32952

Country
US

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Merritt Island, FL

Zip
32952

Country
US

4. FEI Number 59-2847850

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

SMITH, RICHARD E.
625 SEVILLE COURT
SATELLITE BEACH FL 32937

Name
Mark Sutton

Street Address (P.O. Box Number is Not Acceptable)
500 W. Merritt Island Cswy.

City Merritt Island FL Zip Code 32952

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

Mark Sutton

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, 2000 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	PD SMITH, RICHARD E. 625 SEVILLE COURT SATELLITE BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, EBEN 3850 TRUTLE MOUND ROAD MELBOURNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, MARTHA C. 625 SEVILLE COURT SATELLITE BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THARP, JAMES M 440 SHERIDAN AVE SATELLITE BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mark O. Sutton 500 W. Merritt Island Cswy. Merritt Island, FL 32952	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Janice Sutton 500 W. Merritt Island Cswy. Merritt Island, FL 32952	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00 321/453-3470
Date Daytime Phone #

CR2E034 (9/99)