

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-14-2001 90007 024 ***158.75

DOCUMENT # K38461

1. Entity Name

COAST TO COAST POOLS, INC.

Principal Place of Business

7559 FAIR WAY WOODS DR
 SARASOTA FL 34238
 US

Mailing Address

7559 FAIR WAY WOODS DR
 SARASOTA FL 34238
 US

2. Principal Place of Business

1891 Porter Lake Dr.

3. Mailing Address

1891 Porter Lake Dr.

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number 65-0143648

Applied For

Not Applicable

Zip

Country

34240 USA

Zip

Country

34240 USA

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

GAETANO, PAUL J
 7559 FAIRWAY WOODS DR
 SARASOTA FL 34238

Name

Gaetano, Paul J.

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

6430 Woodbirch Place

City

Sarasota

FL

Zip Code

34238

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

Paul J. Gaetano

4-10-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GAETANO, PAUL J.
 CITY-ST-ZIP 7559 FAIRWAY WOODS DR
 SARASOTA FL 34238

TITLE ☐ Change ☒ Addition
 NAME Karen Gaetano
 STREET ADDRESS 6430 Woodbirch Place
 CITY-ST-ZIP Sarasota, FL 34238

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Paul J. Gaetano

4-10-01

9413775133

264 302

CR2E034 (10/00)