

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90066 027 \*\*\*150.00

DOCUMENT # K58998

1. Entity Name

PERFECTION POOL & PATIO, INC.

Principal Place of Business

320 US 41 BY-PASS S.  
VENICE FL 34292  
US

Mailing Address

~~1778 BAYSHORE DR.~~ 320 US 41 BY-PASS  
~~ENGLEWOOD FL 34223~~ VENICE, FL 34292  
~~US~~ US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

320 US 41 BY-PASS S.

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

VENICE, FL.

Zip

34292

Country

US

4. FEI Number

65-0094593

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

ANGELL, BETH

1778 BAYSHORE DRIVE 320 US 41 BY-PASS S.  
ENGLEWOOD FL 34223 VENICE, FL 34292

Name

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

City

FL

Zip Code

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

*Beth Angell* President

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
<input checked="" type="checkbox"/>	<del>BOUNPANE, JAMES A.</del>	<del>1778 BAYSHORE DRIVE</del>	<del>ENGLEWOOD FL</del>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	ANGELL, BETH	1778 BAYSHORE DR.	ENGLEWOOD FL 34223	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/>	PRESIDENT	320 US 41 BY-PASS S.	VENICE, FL 34292	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	VICE PRESIDENT	DAVID ANGELL	320 US 41 BY-PASS S.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Beth Angell* President 4/25/01 941-488-2866

Date

Daytime Phone #

CR2E034 (10/00)

0408051