## 2002 Uniform Business Report (UBR)

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## Mar 13, 2002 8:00 am DOCUMENT # **Secretary of State** K58998 1. Entity Name 03-13-2002 90087 026 \*\*\*150.00 PERFECTION POOL & PATIO, INC. Principal Place of Business Mailing Address 320 US 41 BY-PASS 320 US 41 BY-PASS 80041424 VENICE FL 34292 VENICE FL 34292 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State ... 65-0094593 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANGELL, BETH Street Address (P.O. Box Number is Not Acceptable) 320 US 41 BY-PASS VENICE FL 34292 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) Addition Change TITLE TITLE ☐ Delete NAME NAME ANGELL, BETH STREET ADDRESS STREET ADDRESS 320 US 41 BY-PASS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 Change ☐ Addition ☐ Delete TITLE TITLE **VP** NAME NAME ANGELL, DAVID STREET ADDRESS STREET ADDRESS 320 US 41 BY-PASS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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