

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012023

1. Entity Name

PARADISE POOL OF MARTIN COUNTY, L.L.C.

Principal Place of Business

2736 S.W. GLENMOOR WAY
PALM CITY FL 34990

Mailing Address

2736 S.W. GLENMOOR WAY
PALM CITY FL 34990

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1050310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOHL, N. DEAN JR. ESQ
50 S.E. KINDRED STREET, SUITE 107
STUART FL 34995

7. Name and Address of New Registered Agent

Name MARK T. RICHWALSKI

Street Address (P.O. Box Number is Not Acceptable)
2736 SW GLENMOOR WAY

City PALM CITY

FL

Zip Code 34990

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 T. Richwalski

4/24/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004422540--
-06/15/01--01062--025
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE PRESIDENT ☐ Delete
NAME MARK T. RICHWALSKI
STREET ADDRESS 2736 SW GLENMOOR WAY
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Mark T. Richwalski

4/24/01 (561) 283-0898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

0023575 AF

FILED

01 MAY 24 PM 4:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE