

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002115**

1. Entity Name
PINNACLE POOLS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -5 PM 4:46

Principal Place of Business

14255 US HWY ONE
SUITE 2155
JUNO BEACH FL 33408

Mailing Address

14255 US HWY ONE
SUITE 2155
JUNO BEACH FL 33408



2. Principal Place of Business

14255 US Highway One

Suite, Apt. #, etc.

Suite 2150

City & State

Juno Beach FL

Zip

33408

Country

3. Mailing Address

14255 US Highway One

Suite, Apt. #, etc.

Suite 2150

City & State

Juno Beach FL

Zip

33408

Country

DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number

65-0871373

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICE, TOM

14255 US HWY ONE, SUITE 2160

JUNO BEACH FL 33408

7. Name and Address of New Registered Agent

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

TOM RICE PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

01-19-2001

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

300003675653--1

-02/19/01--01011--009

*******55.00 *****55.00**

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RICE, TOM
14255 US HWY ONE SUITE 2155
JUNO BEACH FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DUBE, DAVID
14255 US HWY ONE SUITE 2155
JUNO BEACH FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14255 US Highway One, Suite 2160 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14255 US Highway One, Suite 2160 ☒ Change ☐ Addition

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

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

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

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

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:

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

Date

Daytime Phone #

1/19/01 561-624-2923

CR2E083 (11/00)

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