

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91191 032 ***550.00

DOCUMENT # M74570

1. Entity Name

D & B POOL SERVICE, INC.

Principal Place of Business

**16261 OLD US 41
 FORT MYERS FL 33912
 US**

Mailing Address

**16261 OLD US 41
 FORT MYERS FL 33912
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0066824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BANSPACH, ALAN W ESQ.
 8191 COLLEGE PARKWAY
 SUITE 304
 FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

William M. Powell, Esquire

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

3515 Del Prado Boulevard

Suite 101

City

Cape Coral

FL

Zip Code
33904

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

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, 2002 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 **P** ☐ Delete
 NAME **BARNES, ALAN M**
 STREET ADDRESS **14200 HICKORY MARSH LN #111**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **VST** ☐ Delete
 NAME **BARNES, VICKY**
 STREET ADDRESS **14200 HICKORY MARSH LN #111**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **V** ☐ Delete
 NAME **SENESE, TONYA**
 STREET ADDRESS **16261 OLD US 41**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **V** ☒ Delete
 NAME **SENESE, ALBERT F**
 STREET ADDRESS **16261 OLD US 41**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **V** ☐ Delete
 NAME **BARNES, K.S.**
 STREET ADDRESS **16261 OLD US 41**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **V** ☐ Delete
 NAME **BARNES, KATHERINE**
 STREET ADDRESS **16261 OLD US 41**
 CITY-ST-ZIP **FORT MYERS FL 33912**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 #

CR2E034 (9/01)