

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90068 035 ***150.00

0399179

DOCUMENT # P00000039666

1. Entity Name

CARIBBEAN POOLS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

**2215 41ST TERR SW
 NAPLES FL 34116**

Mailing Address

**2215 41ST TERR SW
 NAPLES FL 34116**

2. Principal Place of Business

2215 41 TERR SW
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 990323
 Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3640679

Applied For

Not Applicable

Zip

34116

Country

USA

Zip

34116

Country

USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WOLFE, LAURA L
 2215 41ST TERR SW
 NAPLES FL 34116**

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

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 **PRESIDENT, TREASURER** ☐ Delete
 NAME **LAURA L. WOLFE**
 STREET ADDRESS **2215 41 TERR SW**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE **VICE PRESIDENT, SECRETARY** ☐ Delete
 NAME **GARY D. SYLVIA**
 STREET ADDRESS **2215 41 TERR SW**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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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: Laura L. Wolfe **LAURA L. WOLFE** **4/2/01** **941-354-3396**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)