

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

00041700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2215 41 TERR SW      PO BOX 990323**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
**NAPLES FL      NAPLES FL      59-3640679      Not Applicable**

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**34116      USA      34116      USA            \$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**WOLFE, LAURA L      Name**  
**2215 41ST TERR SW      Street Address (P.O. Box Number is Not Acceptable)**  
**NAPLES FL 34116      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)      **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT, TREASURER</b> <input type="checkbox"/> Delete <b>LAURA L. WOLFE</b> <b>2215 41 TERR SW</b> <b>NAPLES FL 34116</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT, SECRETARY</b> <input type="checkbox"/> Delete <b>GARY D. SYLVIA</b> <b>2215 41 TERR SW</b> <b>NAPLES FL 34116</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)