

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097308

1. Entity Name **N**

**NEPTUNE POOLS INC.**

**-NEPTUNE POOLS INC-**

**NEPTUNE**

05-04-2001 90128 002 \*\*\*150.00

P00000097308

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG -1 AM 11:15

00047340



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3230 TROPICAL TRAIL  
LANTANA FL 33462

Mailing Address  
3230 TROPICAL TRAIL  
LANTANA FL 33462

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

65-1051241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIESLING, ROBERT A  
4793 NNORTH CONGRESS AVE #203  
BOYNTON BEACH FL 33426

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

4/25/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  
NAME **HOUCHINS, SCOTT**  
STREET ADDRESS **3230 TROPICAL TRAIL**  
CITY-ST-ZIP **LANTANA FL 33462**

☐ Delete

TITLE **L**  
NAME **4484 PALO VERDE DR.**  
STREET ADDRESS **BOYNTON BEACH, FL.**  
CITY-ST-ZIP **33436**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 561-5200

CR2E034 (10/00)

5/15