

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115311

1. Entity Name
POOLS 2 YOU.COM, INC.

Principal Place of Business
3017 SUNSET TRACE CIR
PALM CITY FL 34990

Mailing Address
3017 SUNSET TRACE CIR
PALM CITY FL 34990

2. Principal Place of Business
2900 US 1
Suite, Apt. #, etc.

3. Mailing Address
1610 MINORCA AVE
Suite, Apt. #, etc.

City & State
St. Pierce FL
Zip
34982
Country

City & State
Port St Lucie FL
Zip
34952
Country

4. FEI Number
051085403

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIANINO, PETER T ESQ
217 E OCEAN BLVD
STUART FL 34996

7. Name and Address of New Registered Agent

Name
Chris SAPANARO
Street Address (P.O. Box Number is Not Acceptable)
1610 MINORCA AVE
City
Port St Lucie FL Zip Code
34952

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 Chris Sapanaro Chris Sapanaro DPM 11/26/01
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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
D SAPANARO, CHRIS
STREET ADDRESS
CITY-ST-ZIP
3017 SUNSET TRACE CIR
PALM CITY FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D/P/M SAPANARO-CHRIS
STREET ADDRESS
CITY-ST-ZIP
1610 MINORCA AVE
Port St Lucie, FL 34952

TITLE
NAME
GROVER DANIEL
STREET ADDRESS
CITY-ST-ZIP
625 NE BERNARD ST
Jensen Beach, FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 #

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 30 PM 12:44



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

revised 10-25-01

9-8-01 561 341-1393

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Dear Divisions of Corporations:

I had not received this document before. Otherwise I would have sent it in the first time. This is my first business so I am still learning everything I am required to do.

I called and spoke to someone in your office and explained my situation, they told me to write this letter and I would only have to pay \$150.00. I hope this is

true, This first year in business has been very costly. If you have any questions please call me

@ 561-341-1393

Thank you,
Chris Sapanaro
Chris Sapanaro