

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90200 025 ***150.00

DOCUMENT # P01000022112

1. Entity Name
BROTHERS POOL CONSTRUCTION, INC.



Principal Place of Business
3673 PROSPECT AVE
UNIT #4
NAPLES FL 34104

Mailing Address
PO BOX 110673
NAPLES FL 34108



2. Principal Place of Business

3. Mailing Address

3673 Prospect Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 4

City & State

City & State

Naples, FL

Zip

Country

Zip

Country

34104

U.S.A.

4. FEI Number 65-1076936

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

ROBERT, GOSSAGE
567 101 ST AVE N
NAPLES FL 34108

Name Robert Gossage

Street Address (P.O. Box Number is Not Acceptable)
645 35th Avenue N.W.

City Naples

FL

Zip Code 34120

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert A. Gossage* (NOTE: Registered Agent signature required when reinstating)

2.18.03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BISHOP, KEVIN	
STREET ADDRESS	517 94TH AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOSSAGE, ROBERT A	
STREET ADDRESS	567 101 ST AO N	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gossage, Robert A.	
STREET ADDRESS	645 35th Ave N.W.	
CITY-ST-ZIP	Naples, FL 34120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert A. Gossage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239.403.7041

CR2E034 (10/02)