

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90230 034 ***150.00

DOCUMENT # P01000077430

1. Entity Name
PLATINUM POOL CONSTRUCTION, INC.



Principal Place of Business
83 GEORGETOWN BLVD.
NAPLES FL 34112

Mailing Address
83 GEORGETOWN BLVD.
NAPLES FL 34112

2. Principal Place of Business
3673 PROSPECT AUE

3. Mailing Address
3673 PROSPECT AUE

Suite, Apt. #, etc.
STE. B

Suite, Apt. #, etc.
STE. B

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34104

Country
USA

Zip
34104

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3736892

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUVAL, SCOTT W
3838 TAMiami TRAIL NORTH, STE. 402
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name SEAN C. REDDICK

Street Address (P.O. Box Number is Not Acceptable)
1342 11th St. N.

City Naples

FL

Zip Code 34102

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

SEAN C. REDDICK

4-9-03

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, BONNIE J 83 GEORGETOWN BLVD. NAPLES FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - Director Bonnie J. Owens 3673 PROSPECT AUE STE B NAPLES, FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SEAN C. REDDICK President 4-10-03 (239) 732-9200
Signature and Typed Name of Signing Officer or Director (Director)

Date

Daytime Phone #

CR2E034 (10/02)