

**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

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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

4. FEI Number 59-3736892

Applied For  
Not Applicable

Zip 34104 Country USA

Zip 34104 Country USA

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME D OWENS, BONNIE J  
STREET ADDRESS 83 GEORGETOWN BLVD.  
CITY-ST-ZIP NAPLES FL 34112

TITLE  Change  Addition  
NAME *President - Director*  
*Bonnie J. Owens*  
STREET ADDRESS 3673 PROSPECT AUE STE B  
CITY-ST-ZIP NAPLES, FL 34104

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Change  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: *Signature Required* President 4.10.03 (239) 732-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Director) Date Daytime Phone #

CR2E034 (10/02)