

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91758 005 ***150.00

0136120 AV

DOCUMENT # P01000094438

1. Entity Name
ADVANCED POOL DESIGN, INC.



Principal Place of Business
**5020 26TH STREET
VERO BEACH FL 32966**

Mailing Address
**5020 26TH STREET
VERO BEACH FL 32966**

2. Principal Place of Business

**1122 Old Dixie Hwy
Suite, Apt. #, etc.
B-5
City & State
Vero Beach FL
Zip
32960**

3. Mailing Address

**1122 Old Dixie Hwy
Suite, Apt. #, etc.
B-5
City & State
Vero Beach FL
Zip
32960**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3747416**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUBLFF, GORDON JR
5020 26TH ST.
VERO BEACH FL 32966**

7. Name and Address of New Registered Agent

Name
Wolff, Gordon R Jr
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gordon R Wolff Jr, President/owner** DATE **4-29-03**

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 **PSD** ☐ Delete
NAME **WOLFF, GORDON R JR**
STREET ADDRESS **5020 26TH STREET**
CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE **VTD** ☐ Delete
NAME **WOLFF, JAMES R**
STREET ADDRESS **5020 26TH STREET**
CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gordon R Wolff Jr
President/owner

4-29-03

Daytime Phone #

CR2E034 (10/02)