

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-21-2003 90118 003 ***150.00

DOCUMENT # P01000104041

1. Entity Name
DOWN ISLAND POOLS, INC.



Principal Place of Business
**P.O. BOX 111293
NAPLES FL 34108**

Mailing Address
**136 OLD TAMiami TRAIL
NAPLES FL 34110**



2. Principal Place of Business

3. Mailing Address

P.O. Box 111293

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Naples FL

4. FEI Number **65-1151643**

Applied For
Not Applicable

Zip
34108-0122

Country

Zip
34108-0122

Country
Collier

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

6. Name and Address of Current Registered Agent

**GREENFELD ROBERT,
103A 10TH AVE N
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **Greenfeld, Robert**
Street Address (P.O. Box Number is Not Acceptable)
136 Old Tamiami Tr
City **Naples** **FL** Zip Code **34110**

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 _____ (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 **PS** ☐ Delete
NAME **GREENFELD, ROBERT**
STREET ADDRESS **703A 110TH AVE N**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☐ Addition
NAME **136 Old Tamiami Trail**
STREET ADDRESS **Naples FL**
CITY-ST-ZIP **34110**

TITLE **VT** ☐ Delete
NAME **RANS, VICTORIA**
STREET ADDRESS **703A 110TH AVE N**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☐ Addition
NAME **136 Old Tamiami Trail**
STREET ADDRESS **Naples FL**
CITY-ST-ZIP **34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 Greenfeld**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-03

239 404 1552

Date Daytime Phone #

CR2E034 (10/02)