

# 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P02000029446**

1. Entity Name

**NETO'S POOL SERVICE, INC.**

FILED

04 APR 20 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3731 NE 17TH AVE  
POMPANO BEACH FL 33064**

Mailing Address  
**3731 NE 17TH AVE  
POMPANO BEACH FL 33064**

2. Principal Place of Business  
**4231 NW 9 TH AVE**

3. Mailing Address  
**4231 NW 9 TH AVE**

Suite Apt. #, etc.

City & State  
**POMPANO BEACH**

City & State  
**POMPANO BEACH**

Zip  
**33064**

Country  
**USA**

Zip  
**33064**

Country  
**USA**

**REINSTATEMENT** 03-04  
DO NOT WRITE IN THIS SPACE

4. FEI Number  
**04-3640097**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FRIEDMAN, MARC  
8634 NW 59TH PLACE  
PARKLAND FL 33067**

7. Name and Address of New Registered Agent

Name  
**TAX HOUSE CORPORATION**

Street Address (P.O. Box Number is Not Acceptable)  
**1261 E SAMPLE ROAD**

City  
**POMPANO BEACH**

FL Zip Code  
**33064**

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.

SIGNATURE  **Breno R. Gomes - President** 01/21/04  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW! FEE IS \$150.00**  
**After MAY 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>VASCONCELLOS, AMARO</b>		NAME		
STREET ADDRESS	<b>3731 NE 17TH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 11 or Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  **AMARO VASCONCELLOS - Director** 01/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #