

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90082 034 \*\*\*550.00

0104787 AV

**DOCUMENT # P02000034338**

1. Entity Name  
**CD POOLS, INC.**



Principal Place of Business  
**17600 ROCKEFELLER CIRCLE  
FORT MYERS FL 33912**

Mailing Address  
**17600 ROCKEFELLER CIRCLE  
FORT MYERS FL 33912**



2. Principal Place of Business

**17050 Alico Commerce Ct. 17050 Alico Commerce Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste 2**

**Ste 2**

City & State

City & State

**Fort Myers, FL**

**Fort Myers, FL**

Zip

Country

Zip

Country

**33912**

**USA**

**33912**

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

Not Applicable

**45-0467191**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORDELL, WALLY V CPA  
8144 NEW JERSEY BLVD  
FORT MYERS FL 33912**

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
ROZIER, CHARLES A II  
19411 DEVONWOOD CIRCLE  
FORT MYERS FL 33912**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
Harsanyi Douglas E.  
7400 Constitution Cr. #108  
Fort Myers, FL 33912**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
HARSANYI, DOUGLAS E  
9725 DEVONWOOD CIRCLE  
FORT MYERS FL 33912**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
Harsanyi Douglas E.  
7400 Constitution Cr. #108  
Fort Myers, FL 33912**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charles A. Rozier**

**9/8/03**

**239 481 0799**

CR2E034 (4/03)