

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90166 045 \*\*\*150.00

**DOCUMENT # P02000066461**

1. Entity Name  
**ROYAL POOL MANAGEMENT INC.**



Principal Place of Business  
**4265 TARPON RD  
VENICE FL 34293**

Mailing Address  
**4265 TARPON RD  
VENICE FL 34293**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-3676691**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**RAFANIELLO, MICHAEL P  
4265 TARPON RD  
VENICE FL 34293**

## 7. Name and Address of New Registered Agent

Name

**RAFANIELLO, VANESSA**

Street Address (P.O. Box Number is Not Acceptable)

**4265 TARPON Rd**

City

**Venice**

FL

Zip Code

**34293**

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

**VANESSA RAFANIELLO**

**1-22-03**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RAFANIELLO, MICHAEL P</b>	
STREET ADDRESS	<b>4265 TARPON RD</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RAFANIELLO, VANESSA</b>	
STREET ADDRESS	<b>4265 TARPON RD</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FARA, ANNUNZIATA</b>	
STREET ADDRESS	<b>425 TARPON RD</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAFANIELLO VANESSA</b>	
STREET ADDRESS	<b>4265 TARPON RD</b>	
CITY-ST-ZIP	<b>VENICE- FL-34293</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAFANIELLO MICHAEL P</b>	
STREET ADDRESS	<b>4265 TARPON RD</b>	
CITY-ST-ZIP	<b>VENICE, FL-34293</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CELATI, DINO</b>	
STREET ADDRESS	<b>4265 TARPON RD</b>	
CITY-ST-ZIP	<b>VENICE, FL-34293</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARA, ANNUNZIATA</b>	
STREET ADDRESS	<b>4265 TARPON RD</b>	
CITY-ST-ZIP	<b>VENICE, FL-34293</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: VANESSA RAFANIELLO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-22-03 941-408-8622**

Date Daytime Phone #

CR2E034 (10/02)