

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90165 041 ***150.00

0201430 AV

DOCUMENT # P02000106835

1. Entity Name
POOL MANAGEMENT OF COLLIER, INC.



Principal Place of Business
**115 SW 89TH WAY
CORAL SPRINGS FL 33071**

Mailing Address
**115 SW 89TH WAY
CORAL SPRINGS FL 33071**

2. Principal Place of Business

720 Bald Eagle Dr

3. Mailing Address

PO Box 157

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bonita Springs FL

City & State
Bonita Springs FL

4. FEI Number

74-3063443

Applied For

Not Applicable

Zip
34105

Country
US

Zip
34133

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDSWORTHY, BARBARA G
115 SW 89TH WAY
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name
Goldsworthy Barbara G.
Street Address (P.O. Box Number is Not Acceptable)
720 Bald Eagle Dr.
City
Naples FL Zip Code
34105

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 \$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
PD
NAME
GOLDSWORTHY, BARBARA G
STREET ADDRESS
115 SW 89TH WAY
CITY-ST-ZIP
CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
S
NAME
GOLDSWORTHY, MARK M
STREET ADDRESS
115 SW 89TH WAY
CITY-ST-ZIP
CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 life empowered.

SIGNATURE:

Barbara G. Goldsworthy
Barbara G. Goldsworthy

3/28/03 (239) 825-1357

Date

Daytime Phone #

CR2E034 (10/02)