

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90286 018 \*\*\*150.00

**DOCUMENT # P02000107429**

1. Entity Name  
**STOLFI POOL SERVICES INC.**



Principal Place of Business  
**304 N. HIGH ST.  
DELAND FL 32720  
VO**

Mailing Address  
**304 N. HIGH ST.  
DELAND FL 32720  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**4330 Grand Ave**  
City & State  
**DELAND FL**

Suite, Apt. #, etc.  
**4330 Grand Ave**  
City & State  
**DELAND FL**

☐ CHECK HERE IF MAKING CHANGES

Zip  
**32720**

Country

Zip  
**32720**

Country

4. FPI Number  
**061654667**

Applied For  
☐ Not Applicable

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

**UMONT, MICHAEL S PRES.  
304 N. HIGH ST.  
DELAND FL 32720**

Name  
**Umont, Michael**  
Street Address (P.O. Box Number is Not Acceptable)  
**4330 Grand Ave**  
**DELAND FL 32720**  
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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4-22-03**

**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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>STOLFI, MELISSA A</b>	
STREET ADDRESS <b>304 N. HIGH ST.</b>	
CITY-ST-ZIP <b>DELAND FL 32720</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>UMONT, MICHAEL S</b>	
STREET ADDRESS <b>304 N. HIGH ST.</b>	
CITY-ST-ZIP <b>DELAND FL 32720</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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Melissa Stolfi</b>	
STREET ADDRESS <b>4330 Grand Ave</b>	
CITY-ST-ZIP <b>DELAND FL 32720</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Michael Umont</b>	
STREET ADDRESS <b>4330 Grand Ave</b>	
CITY-ST-ZIP <b>DELAND FL 32720</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	
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 life empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**386-985-9608**  
Date Daytime Phone #

CR2E034 (10/02)