

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90173 039 \*\*\*150.00

**DOCUMENT # P02000111435**

1. Entity Name  
**PICTURE PERFECT POOLS OF BROWARD COUNTY, INC.**



Principal Place of Business  
**3601 W. COMMERCIAL BLVD.  
SUITE 39  
FORT LAUDERDALE FL 33309**

Mailing Address  
**3601 W. COMMERCIAL BLVD.  
SUITE 39  
FORT LAUDERDALE FL 33309**

2. Principal Place of Business  
**6031 SWANS WAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**6031 SWANS WAY**  
Suite, Apt. #, etc.

City & State  
**Coconut Creek FL**  
Zip  
**33073** Country  
**USA**

City & State  
**Coconut Creek FL**  
Zip  
**33073** Country  
**USA**

4. FEI Number  
**65-0801358**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARBERA, JOYCE M**  
**3601 W. COMMERCIAL BLVD.**  
**SUITE 39**  
**FORT LAUDERDALE FL 33309**

**7. Name and Address of New Registered Agent**

Name **VALENTINE, TRACEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**6031 SWANS WAY**  
City **COCONUT CREEK FL** Zip Code **33073**

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 *Tracey Valentine*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3-14-03**

**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**

|                |                                 |
|----------------|---------------------------------|
| 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          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

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

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>PD Valentine, Tracey</b>  |
| STREET ADDRESS | <b>6031 Swans Way</b>  |
| CITY-ST-ZIP    | <b>Coconut Creek, FL 33073</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)(f), 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: *Tracey Valentine* REQUIRED  
Signature typed or printed name of signing officer or director

**3-14-03**  
Date

**(954) 829-4992**  
Daytime Phone #

CR2E034 (10/02)