

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90057 030 ***158.75

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1. Entity Name
BLU-AQUA POOLS OF FORT MYERS, INC.



Principal Place of Business
**13161 MCGREGOR BLVD
SUITE 7A
FORT MYERS FL 33908
US**

Mailing Address
**13161 MCGREGOR BLVD
SUITE 7A
FORT MYERS FL 33908
US**

11006121



2. Principal Place of Business
**13161 McGregor Blvd
Suite, Apt. #, etc. 7A**

3. Mailing Address
Same

City & State
Ft. Myers

City & State

4. FEI Number **65-0423142**

Applied For
Not Applicable

Zip **33919** Country **Lee**

Zip Country

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

6. Name and Address of Current Registered Agent

**KOLOGY, STEPHEN G
2000 MAIN ST.
SUITE 500
FT. MYERS FL 33901**

7. Name and Address of New Registered Agent

Name **Elizabeth L. Kosmerl**
Street Address (P.O. Box Number is Not Acceptable)
13161 McGregor Blvd. #7A
City **Ft Myers, FL** Zip Code **33919**

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 **Elizabeth L. Kosmerl**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-17-03**

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 **D** ☐ Delete
NAME **KOSMERL, ELIZABETH**
STREET ADDRESS **11595 KELLY RD.**
CITY-ST-ZIP **FT. MYERS FL 33908**

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NAME **KOSMERL, ELIZABETH**
STREET ADDRESS **11595 KELLY RD.**
CITY-ST-ZIP **FT. MYERS FL 33908**

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Elizabeth L. Kosmerl **Elizabeth L. Kosmerl** **239-454-3800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/16/03** Daytime Phone #

CR2E034 (10/02)