

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90062 034 ***150.00

DOCUMENT # P93000084440

1. Entity Name

PERFECT POOL INTERIORS, INC.

Principal Place of Business

**3518 SE 18TH PLACE
 CAPE CORAL FL 33904
 US**

Mailing Address

**3518 SE 18TH PLACE
 CAPE CORAL FL 33904
 US**

2. Principal Place of Business

4543 Gulf Ave

Suite, Apt. #, etc.

3. Mailing Address

4543 Gulf Ave

Suite, Apt. #, etc.

City & State

N. Ft. Myers FL

City & State

N. Ft. Myers FL

Zip

33903

Country

US

Zip

33903

Country

US

4. FEI Number

65-0453271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORTON, ALLEN
 3518 SE 18TH PL
 CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORTON, ALLEN	
STREET ADDRESS	3518 SE 18TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 4543 Gulf Ave N. Ft. Myers FL 33903	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MORTON, SANDRA	
STREET ADDRESS	3518 SE 18TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 4543 Gulf Ave N. Ft. Myers FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS	
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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	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

1-7-02

Date

941-997-7665

Daytime Phone #

CR2E034 (9/01)