

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90012 035 \*\*\*150.00

**DOCUMENT # P94000059078**

1. Entity Name  
**MARLIN POOL SERVICE OF NAPLES, INC.**

Principal Place of Business 586 WEST PLACE NAPLES FL 34108 US	Mailing Address 586 WEST PLACE NAPLES FL 34108-2653 US
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2. Principal Place of Business 5296 18 <sup>th</sup> CT SW Suite, Apt. #, etc.	3. Mailing Address PO Box 990638 Suite, Apt. #, etc.
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City & State NAPLES FL	City & State NAPLES FL
Zip 34116	Country USA
Zip 34114	Country USA

4. FEI Number **65-0494737**  
 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**

ANDERSON, MARK  
 586 WEST PLACE  
 NAPLES FL 34108

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 5296 18<sup>th</sup> CT SW  
 City **NAPLES** FL Zip Code **34116**

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 *Mark Anderson* **MARK Anderson PRES.** **3/14/00**  
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, 2000 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**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDERSON, MARK</b> <b>586 WEST PLACE</b> <b>NAPLES FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOLTER, JOSEPH M</b> <b>586 WEST PLACE</b> <b>NAPLES FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Mark Anderson* **MARK Anderson** **3-14-00** **941348-2600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)