

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90194 022 ***150.00

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1. Entity Name

BLUE MARLIN POOLS OF BREVARD, INC.



Principal Place of Business
395 PINEDA COURT
MELBOURNE FL 32940-7508
US

Mailing Address
395 PINEDA COURT
MELBOURNE FL 32940-7508
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3285190**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICOL, ANN
198 TURTLE PLACE
ROCKLEDGE FL 32955

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RICHTER, MARK
103 N OSCEOLA DR
IND HAR BCH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GREEN, ELAINE
3011 PARK VILLAGE WAY
MELBOURNE FL 32935

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4027 York Lane Apt G
W. Melbourne Fl. 32904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FOSTER, JOHN
430 NORWOOD AVE
SATELLITE BEACH FL 32937

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
NICOL MICHELLE
1600 WOODLAND DR. #8211
ROCKLEDGE FL 32955

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NICOL, ANN
198 TURTLE PLACE
ROCKLEDGE FL 32955

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3712 Stream Drive
Melbourne, Fl 32940

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

321-259-1233

Daytime Phone #

CR2E034 (10/02)