2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011569

1. Entity Name
BROSELLE POOL FINISHING, INC.

REJECTED
09-11-2000 90004 015 **150.00
FILED P95000011569
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 16 PM 5:55

Principal Place of Business	Mailing Address
1817 BEECH AVE NAPLES FL 34112 US	1817 BEECH AVE NAPLES FL 34112 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1817 Beech Ave	1817 Beech Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples FL
Zip: 34112 Country: USA	Zip: 34112 Country: USA

4. FEI Number 65-0652601 ☐ 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
BROSELLE, JAMES P 3096 50TH LANE SW NAPLES FL 33999	Name: Broselle James P Street Address (P.O. Box Number is Not Acceptable): 1817 Beech Ave City: Naples FL Zip Code: 34112

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 James P. Broselle President [signature] 9-6-00
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROSELLE, JAMES 3096 50TH LN SW NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Broselle James 1817 Beech Ave Naples FL 34112	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003436374--3 -10/24/00--01023--012 ****400.00 ****400.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/16	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED~~ James P. Broselle 9-6-00 (941) 250-3241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #