

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023008

1. Entity Name
POOLS BY GARDESKI / WHEELER, INC.Principal Place of Business
5975 24TH AVE SW
NAPLES FL 33999Mailing Address
5975 24TH AVE SW
NAPLES FL 339992. Principal Place of Business
5975 STAR GRASS LN.
Suite, Apt. #, etc.3. Mailing Address
5975 STAR GRASS LN.
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0566462** Applied For
 Not Applicable5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARDESKI, PETER
5975 ~~24TH AVE SW~~ STAR GRASS LANE
NAPLES FL 339997. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

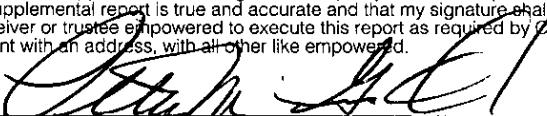
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE **D** Delete
NAME WHEELER, DOUGLAS
STREET ADDRESS ~~5975 24TH AVE SW~~ STAR GRASS LN.
CITY-ST-ZIP NAPLES FL 33999TITLE Change Addition
NAME STAR GRASS LN.
STREET ADDRESS
CITY-ST-ZIPTITLE **D** Delete
NAME GARDESKI, PETER
STREET ADDRESS ~~5975 24TH AVE SW~~ STAR GRASS LN.
CITY-ST-ZIP NAPLES FL 33999TITLE Change Addition
NAME STAR GRASS LN.
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change 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

4/12/01 (941)455-4624

Date

Daytime Phone #