

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 25 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P95000049355 (7)

1. Corporation Name

UNIVERSAL POOL TILE SUPPLY, INC.

Principal Place of Business

Mailing Address

1326 SE 46 LN
CAPE CORAL FL 33904

1326 SE 46 LN
CAPE CORAL FL 33904

3. Date Incorporated or Qualified

06/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2155 ANDREA LN

26

4. FEI Number

65-0589670

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 #1

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 FT. MYERS FL.

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33912

25 LEE

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLOTTO, JOSEPH
1326 SE 46 LN
CAPE CORAL FL 33904

81 Name

SAME

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

2155 ANDREA LN.

83

84 City

FT. MYERS

FL

85

Zip Code

33912

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of signed or printed name of registered agent and the applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME POLOTTO, JOSEPH
STREET ADDRESS 1326 SE 46 LN
CITY-ST-ZIP CAPE CORAL FL 33904

☐ DELETE

11 TITLE D
12 NAME JOSEPH, POLOTTO
13 STREET ADDRESS 2155 ANDREA LN.
14 CITY-ST-ZIP FT. MYERS FL. 33912

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOSEPH A. POLOTTO

6-21-96 (941) 565-6046

Date

Day/Date/Phone #

CR2E034 (3/96)