

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083856

1. Entity Name

GULFBREEZE POOL SERVICE, INC.

Principal Place of Business

800 92ND AVE. NORTH  
NAPLES FL 33963

Mailing Address

800 92ND AVE. NORTH  
NAPLES FL 34108-2435

2. Principal Place of Business

97 KIRTLAND DR

Suite, Apt. #, etc.

3. Mailing Address

97 KIRTLAND DR

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

Zip

34110

Country

4. FEI Number

65-0616612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SERRANO, CARMEN G

800 92ND AVE. NORTH

NAPLES FL 34108

97 KIRTLAND DR

NAPLES, FL 34110

7. 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, 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

TITLE PD  
NAME SERRANO, JULIO A  
STREET ADDRESS 800 92ND AVE. NORTH  
CITY-ST-ZIP NAPLES FL 34110

☐ Delete

TITLE TSD  
NAME SERRANO, CARMEN G  
STREET ADDRESS 800 92ND AVE. NORTH  
CITY-ST-ZIP NAPLES FL 34110

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
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:

Carmen G. Serrano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/00 (941) 514-2805

FILED  
Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90040 016 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE