

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Aug 08, 2000 8:00 am
Secretary of State

07-18-2000 90014 022 ***150.00

DOCUMENT #. P96000045625			
1. Entity Name JOHN BOCCELLA POOL MAINTENANCE, INC.			
Principal Place of Business 5307 EVENING STAR WAY LAKE WORTH FL 33467 US		Mailing Address 5307 EVENING STAR WAY LAKE WORTH FL 33467 US	
2. Principal Place of Business 5307 EVENING STAR WAY		3. Mailing Address 5307 EVENING STAR WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE WORTH FL		City & State LAKE WORTH FL	
Zip 33467	Country Palm Beach	Zip 33467	Country Palm Beach
6. Name and Address of Current Registered Agent BOCCELLA, JOHN 5307 EVENING STAR WAY LAKE WORTH FL 33463		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$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	D BOCCELLA, JOHN 5307 EVENING STAR WAY LAKE WORTH FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		07-12-00 561-968-8407	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



DO NOT WRITE IN THIS SPACE

Attachment p96000045625
62353

08.01.2000

To Florida Dept of State

I am writing this letter to let you know that I did not recie the first notice for annual report/uniform business. But as soon as I rec'd the second notice I sent a check for \$150 ~~00~~ and a note stating as such I hope this will clear up this matter.

John Boccella Pool Maintenance
5307 EVENING STAR WAY
LAKE WORTH FL 33467

Reference Number P96000045625