

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047525

1. Entity Name

A+ POOLS, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90075 029 \*\*\*150.00

Principal Place of Business

3300 DAVIS BOULEVARD  
NAPLES FL 34104  
US

Mailing Address

3300 DAVIS BOULEVARD  
NAPLES FL 34104-3795  
US

2. Principal Place of Business

3784 Domestic Ave.

3. Mailing Address

3784 Domestic Ave.

Suite, Apt. #, etc.

Unit E

Suite, Apt. #, etc.

Unit E

City & State

Naples FL

City & State

Naples FL

Zip

34104

Country

USA

Zip

34104

Country

USA

4. FEI Number

65-0683515

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

RICE, ROGER B  
800 SEAGATE DRIVE  
SUITE 203  
NAPLES FL 33940

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	D	<input type="checkbox"/> Delete
NAME	RAUSCH, CHRIS	
STREET ADDRESS	140 DEBRON DRIVE	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAUSCH, DEBORAH	
STREET ADDRESS	140 DEBRON DRIVE	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRANTZ, ROBERT	
STREET ADDRESS	2584 LONGBOAT DRIVE	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Krantz	
STREET ADDRESS	3831 Snowflake Ln	
CITY-ST-ZIP	Naples FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Deborah K. Rausch  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00  
Date

941-774-6001  
Daytime Phone #

CR2E034 (9/99)